


2007 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # A00000001191		
1. Entity Name THE RDB FAMILY LIMITED PARTNERSHIP		

FILED
07 OCT -9 PH 3: 22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 6560 CHARDONNAY PENSACOLA, FL 32504	Mailing Address 6560 CHARDONNAY PENSACOLA, FL 32504
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

09182007 REIN-LP CR2E100 (1/07)

City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 74-2969086	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BAROCO, RITA D 6560 CHARDONNAY PENSACOLA, FL 32504	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE Rita D. Baroco 9/21/07
Signature, typed or printed name of registered agent and title if applicable. (REGISTERED AGENT MUST SIGN) DATE

FILE NOW!!! FEE IS \$1000.00
After January 1, 2008, Fee will be \$2000.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	BAROCO, RITA D TRUSTEE	STREET ADDRESS	200110689722
NAME	6560 CHARDONNAY	CITY - ST - ZIP	10/11/07--01016--009 **1000.00
STREET ADDRESS	PENSACOLA, FL 32504		
CITY - ST - ZIP			
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STREET ADDRESS			
CITY - ST - ZIP			

REINSTATEMENT

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: Rita D. Baroco 9/21/07 850-494-0867
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE