

**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

DOCUMENT # **A00000001196**

1. Entity Name
RUBYNELLE PLUMLEE LIMITED PARTNERSHIP



FILED
07 MAY 18 PM 4: 16

Principal Place of Business Mailing Address

771 HOLIDAY DR.
SARASOTA FL 34231

7711 HOLIDAY DR.
SARASOTA FL 34231



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

2714 Orchid Oaks Drive 2714 Orchid Oaks Drive

Suite, Apt. #, etc. Suite, Apt. #, etc.

1010 1010

1st MOORE CR2E003 (10/06)

City & State City & State

Sarasota, FL Sarasota, FL

Zip Country Zip Country

34239 Sarasota 34239 Sarasota

4. FEI Number 65-1035544

Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COLGATE, KIMBERLY A
7711 HOLIDAY DRIVE
SARASOTA FL 34231

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Stephen R Plumlee (POA Rubynelle Plumlee), Stephen R Plumlee DATE 04-26-07

FILE NOW!!! Fee is \$500. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

**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 #	PLUMLEE, RUBYNELLE	STREET ADDRESS	600103606536
NAME	C/O 2714 ORCHID OAKS DRIVE	CITY ST ZIP	05/31/07--01025--006 **500.00
STREET ADDRESS	SARASOTA FL 34239		
CITY ST ZIP			
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STAPLE CHECK HERE

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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: Stephen R Plumlee (POA Rubynelle Plumlee), Stephen R Plumlee DATE 04-26-07 941-954-2125

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #