


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A00000001858</b> 1. Entity Name RLMAL, LTD.	
---	--

<b>Principal Place of Business</b> 4510 BUCHANAN ST HOLLYWOOD, FL 33021	<b>Mailing Address</b> 4510 BUCHANAN ST HOLLYWOOD, FL 33021
---	---

**DO NOT WRITE IN THIS SPACE**



03252006 No Chg-LP

CR2E003 (11/05)

4. FEI Number <b>65-1059100</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

GUTTER, MARVIN C ESQ.  
C/O GUTTER, JOSEPH & RUFFIN  
9100 S. DADELAND BLVD., SUITE 901  
MIAMI, FL 33156

**DO NOT WRITE  
IN THIS SPACE**

6. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**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	
DOCUMENT #	P00000110806
NAME	RLMAL, INC.
STREET ADDRESS	4510 BUCHANAN ST
CITY-STATE-ZIP	HOLLYWOOD, FL 33021
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

100000490802  
04/18/06-80070-011 500.00

**DO NOT WRITE  
IN THIS SPACE**

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: *Robert H. Malinen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*7/29/06* *954 966 7000*  
Date Daytime Phone #

STAPLE CHECK HERE