## 2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

**DOCUMENT # A01000000709** 

1. Entity Name RICF BEACH, LTD.



08 MAR 21 PM 3: 00

FILEU SECRETARY OF STATE

TALLAHASSEE, FLORIDA

Principal Place of Business

2700 NORTH 29TH AVE., SUITE 108 HOLLYWOOD, FL-33020 16330 MIRASOL WAY DELRAY BEACH, FL33446 Mailing Address

2700 NORTH 29TH AVE., SUITE 108
HOLLYWOOD, FL 33020
16330 MIRASOL WAY
DELRAY BEACH, FL 33446



01172008 No Chg-LP

CR2E003 (12/06)

4. FEI Number
O6-1629304

5. Certificate of Status Desired

Applied For Not Applicable

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ARON, JERRY E P.A. 2505 METROCENTRE BLVD STE. 301 WEST PALM BEACH, FL 33407

## DO NOT WRITE IN THIS SPACE

			<u> X</u>	
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.				
SIGNATUR	RF			
	Signature, typed or printed name of registered agent and title if applicable.			DATE
!	FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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 # P01000047834 RICF BEACH, INC. STREET ADDRESS 2700 NORTH 29TH AVE., SUITE-108 CITY-S1-ZIP H<del>OLLYWOOD, FL 33020</del>-16330 MIRASCL WAY DELRAY BEACH, FL DOCUMENT # 33446 NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / STREET ADDRESS CHTY-ST-ZIP STAPLE DOCUMENT /

800120861228 03/20/08--01050--026 \*\*\*500.00

DO NOT WRITE IN THIS SPACE

14. Thereby 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 employered to execute this leport as required by Chapter 620, Florida Statutes

SIGNATURE: BY

STREET ADDRESS CITY ST-ZIP

PRESIDENT

2/28/08

561)865-3450

Daytime Phone #