

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 7, 2005

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

05 SEP 16 AM 9:53

DOCUMENT # A01000000797

1. Entity Name
 RN ALLEN FAMILY LIMITED PARTNERSHIP, LLP



Principal Place of Business
 714 N SCENIC HIGHWAY
 LAKE WALES, FL 33853

Mailing Address
 714 N SCENIC HIGHWAY
 LAKE WALES, FL 33853

2. Principal Place of Business 3. Mailing Address

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

City & State City & State

Zip Country Zip Country

08222005 Chg-LP CR2E003 (10/03)

4. FEI Number
 59-3721835

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ALLEN, RICHARD L
 714 N SCENIC HIGHWAY
 LAKE WALES, FL 33853

7. Name and Address of New Registered Agent

Name RODNEY J. ALLEN

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

714 N. SCENIC HWY

City LAKE WALES FL Zip Code 33853

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

Rodney J. Allen

Signature, typed or printed name of registered agent and title if applicable.

Aug. 25, 2005

DATE

9. Capital Contributions
 as Shown on record. \$915,750.00

10. Amount of Capital Contributions
 in FLORIDA to date.

In accordance with s. 607.193(2)(b), F.S.,
 the limited partnership did not receive the
 prior notice.

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 #
 NAME ALLEN, RICHARD L
 STREET ADDRESS 703 WILDABON AVENUE
 CITY-ST-ZIP LAKE WALES, FL 33853

DOCUMENT #
 NAME ALLEN, NATALIE J
 STREET ADDRESS 703 WILDABON AVENUE
 CITY-ST-ZIP LAKE WALES, FL 33853

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS
 CITY-ST-ZIP 07/07/05-01002-004-#2500

STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP 000059903790
09/23/05--01057--018 **501.25

STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Rodney J. Allen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

8-25-05

Date

863-676-0407

Daytime Phone #

STAPLE CHECK HERE