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

FILED DOCUMENT # A02000000027 Apr 25, 2007 08:00 AM Secretary of State 1. Entity Name . THE RICH INVESTMENTS LIMITED PARTNERSHIP Principal Place of Business Mailing Address 7522 ISLA VERDE WAY DELRAY BEACH FL 33446 7522 ISLA VERDE WAY **DELRAY BEACH FL 33446** 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suito, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E003 (10/06) City & State City & State Applied For 4. FEI Number 69-0011647 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WACHS, JEFFREY S ESQ. Street Address (P.O. Box Number is Not Acceptable) 1177 S.É. 3RD AVENUE FORT LAUDERDALE FL 33316 Zip Codo 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. Lam familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title it applicable DATE 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 ADDRESS CHANGES ONLY 13. DOCUMENT # SHOLF LADDRESS NAME RICH, DONALD S STREET ADDRESS 000000730856 05/08/07-80096-009 500.00 7522 ISLA VERDE WAY CHY-SI-782 CHY-SI-ZIP DELRAY BEACH FL 33446 DOCUMENT# STREET ADDRESS STRUT ADDRESS CITY - ST- ZIP CITY - ST-7/P DOCUMENT# STREET ADDRESS NAME STHEET ADDRESS CHY-S1-7P CHY-S1-ZP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHY-ST-7IP CITY-ST-7/P DOCUMENT* STREET ADDRESS STREET ADDRESS CHY-SI-71P CITY: ST-7/P DOCUMENT # STREET ADDITISE NAME STREET ADDRESS CHY-SI-ZIP CHY-SI-ZIP 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 logal effect as if made under eath, 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:

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

/21/07 561

561-445-1054