


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

**FILED**  
**Mar 06, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # A02000000039</b> 1. Entity Name RBJD FAMILY PARTNERSHIP, LTD.	
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Principal Place of Business 3363 N.E. 171ST STREET NORTH MIAMI BEACH, FL 33160	Mailing Address 3363 N.E. 171ST STREET NORTH MIAMI BEACH, FL 33160
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**DO NOT WRITE IN THIS SPACE**



03032008 No Chg-LP CR2E003 (12/06)

4. FEI Number 80-0030933	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  KOENIGSBERG, JAY ESQ. C/O ISICOFF, RAGATZ & KOENIGSBERG, P.A. 1101 BRICKELL AVE., SUITE 800-SOUTH MIAMI, FL 33131	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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 #	P02000002639
NAME	RBJD, INC.
STREET ADDRESS	3363 N.E. 171ST STREET
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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03/21/08-80045-005 500.00

**DO NOT WRITE IN THIS SPACE**

STAPLE CHECK HERE

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

3/3/08 954.883.3700