

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

**FILED**

**Apr 14, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A02000001290**

1. Entity Name  
**R.E.C. ASSET MANAGEMENT, LLP**



Principal Place of Business  
**% ROBERT E. CLAYPOOLE  
3211 OLD BARN COURT  
PONTE VEDRA BEACH, FL 32082**

Mailing Address  
**% ROBERT E. CLAYPOOLE  
3211 OLD BARN COURT  
PONTE VEDRA BEACH, FL 32082**



**DO NOT WRITE IN THIS SPACE**

03192006 No Chg-LP

GR2E003 (11/05)

4. FEI Number  
**22-3248153**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CLAYPOOLE, ROBERT E  
3211 OLD BARN COURT  
PONTE VEDRA BEACH, FL 32082**

**DO NOT WRITE  
IN THIS SPACE**

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

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

DATE

**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 #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**THE ROBERT E. CLAYPOOLE LIVING TRUST  
3211 OLD BARN COURT  
PONTE VEDRA BEACH, FL 32082**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**THE NANCY P. CLAYPOOLE LIVING TRUST  
3211 OLD BARN COURT  
PONTE VEDRA BEACH, FL 32082**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000511292\*  
04/29/06-80046-002 500.00\*  
**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 E. Claypoole ROBERT E. CLAYPOOLE 4/8/06 285-8626**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE