

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Mar 19, 2007 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**



03132007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

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 title if applicable.

DATE

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2007, 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

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

03/29/07-80009-002-500.00

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED GENERAL PARTNER

*3/16/07 904-285-8626*  
DATE Daytime Phone #

STAPLE CHECK HERE