


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Mar 10, 2008 08:00 A
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



02102008 No Chg-LP CR2E003 (12/06)

4. FEI Number 22-3248153	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ 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 # 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
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03/27/08-80003-014 500.00

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: Robert E. Claypoole **3/07/08** (904) 285-2626

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #