


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

|  |   |
|--|---|
| <b>DOCUMENT # A03000000206</b><br>1. Entity Name<br><b>RASMUS HOLDINGS, LLLP</b> |  |
|--|---|

SECRETARY OF STATE  
 DIVISION OF CORPORATE REGISTRATION  
 06 FEB 24 AM 10:32

|  |  |
|--|--|
| Principal Place of Business<br><b>12244 REEDPOND DR. E<br/>         JACKSONVILLE, FL 32223</b> | Mailing Address<br><b>12244 REEDPOND DR. E<br/>         JACKSONVILLE, FL 32223</b> |
|--|--|

|   |   |
|---|---|
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country | 3. Mailing Address<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country |
|---|---|



02042006      Chg-LP      CR2E003 (11/05)

|   |  |
|---|--|
| 4. FEI Number<br><b>20-0023417</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

|  |   |
|--|---|
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>WILLIAMS, ROBERT M<br/>         12244 REEDPOND DR E<br/>         JACKSONVILLE, FL 32223</b> | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |
|--|---|

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, 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 |                         | 13. ADDRESS CHANGES ONLY |                               |
|---------------------------------|-------------------------|--------------------------|-------------------------------|
| DOCUMENT #                      | P03000013440            | STREET ADDRESS           | 12244 Reedpond Dr. E.         |
| NAME                            | RASMUS MANAGEMENT, INC. | CITY-ST-ZIP              | Jacksonville, FL 32223        |
| STREET ADDRESS                  | 8299 WOODGROVE ROAD     |                          |                               |
| CITY-ST-ZIP                     | JACKSONVILLE, FL 32256  |                          |                               |
| DOCUMENT #                      |                         | STREET ADDRESS           |                               |
| NAME                            |                         | CITY-ST-ZIP              | 200067189592                  |
| STREET ADDRESS                  |                         |                          | 02/07/06--01007--002 **500.00 |
| CITY-ST-ZIP                     |                         |                          |                               |
| DOCUMENT #                      |                         | STREET ADDRESS           |                               |
| NAME                            |                         | CITY-ST-ZIP              |                               |
| STREET ADDRESS                  |                         |                          |                               |
| CITY-ST-ZIP                     |                         |                          |                               |
| DOCUMENT #                      |                         | STREET ADDRESS           |                               |
| NAME                            |                         | CITY-ST-ZIP              |                               |
| STREET ADDRESS                  |                         |                          |                               |
| CITY-ST-ZIP                     |                         |                          |                               |
| DOCUMENT #                      |                         | STREET ADDRESS           |                               |
| NAME                            |                         | CITY-ST-ZIP              |                               |
| STREET ADDRESS                  |                         |                          |                               |
| CITY-ST-ZIP                     |                         |                          |                               |

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 M. Williams      Robert M. Williams      2/4/2006      904-268-9061  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #