

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Mar 14, 2006 08:00 AM
Secretary of State

DOCUMENT # A03000001113

1. Entity Name

RM-NA HB DEVELOPMENT, LLLP



Principal Place of Business

3325 SOUTH UNIVERSITY DRIVE, STE. 210
DAVIE, FL 33328

Mailing Address

3325 SOUTH UNIVERSITY DRIVE, STE. 210
DAVIE, FL 33328



01202006 No Chg-LP

CRZE003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-0129230

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MATZ, WILLIAM D
3325 SOUTH UNIVERSITY DRIVE, STE. 210
DAVIE, FL 33328

**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, 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 this form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # L03000028346
NAME RM-NA HB DEVELOPMENT GP, LLC
STREET ADDRESS 3325 SOUTH UNIVERSITY DRIVE, STE. 210
CITY-ST-ZIP DAVIE, FL 33328

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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L03000028346
03/23/06-80033-029 500.00

**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 #