2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DO NOT WRITE IN THIS SPACE

DOCUMENT # A03000001226

1. Entity Name

RK & DK FAMILY PARTNERSHIP, LTD.

Principal Place of Business

405 PINEWOOD LAKE DR. VENICE, FL 34285 Mailing Address

405 PINEWOOD LAKE DR. VENICE, FL 34285

FILED Feb 07, 2007 08:00 Al Secretary of State



01062007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 51-0480151

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KOEHLER, ROBERT J 405 PINEWOOD LAKE DR. VENICE, FL 34285

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	named entity submits this statement for the purpose of changing its registerions of registered agent.	ered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.		U00000626724
FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00		02/15/07-80033-007 500.00
	A GENERAL PARTNER THAT IS A BUSINESS ENTITY NOTE: General Partners MAY NOT be changed on the for	MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. m; an amendment must be filed to change a general partner.
12.	GENERAL PARTNER INFORMATION	· · · · · · · · · · · · · · · · · · ·
DOCUMENT #	L03000031424	
NAME	RK & DK HOLDINGS, L.L.C.	
STREET ADDRESS	405 PINEWOOD LAKE DR.	
CITY-ST-ZIP	VENICE, FL 34285	
DOCUMENT #		
NAME		
STREET ADDRESS		
CITY-ST-ZIP	<u>.</u>	
DOCUMENT /		
NAME		
STREET ADDRESS		DO NOT WRITE
CITY-ST-ZIP		
DOCUMENT #		IN THIS SPACE

DOCUMENT / NAME
STREET ADDRESS
CITY-ST-ZIP

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 epipowered to execute this reportlas required by Chapter 620, Florida Statutes

SIGNATURE:

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TWEED OR PRINTED NAME OF SIGNING GENERAL PARTNER

941-496-7816

Daytime Phone #