2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

DOCUMENT # A03000001502

1. Entity Name
RMC PARTNERS, LTD.

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MJH

Principal Place of Business	Mailing Address
3315 7TH ST. CIRCLE WEST PALMETTO, FL 34221	3315 7TH ST. CIRCLE WEST PALMETTO, FL 34221

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2. Principal Place of Business		3. Mailing Address	
Suite, Apt # etc		Suite, Apt #, etc	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 57-1190680 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CROSS, ROBERT D 3315 7TH ST. CIRCLE WEST PALMETTO, FL 34221	Name Street Address (P O Box Number is Not Acceptable) City FL 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.

9. Capital Contributions as Shown on record	10. Amount of Capital Contributions in FLORIDA to date
$1,477,000.00	$1,597,400.00

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 #	L03000039893	STREET ADDRESS	
NAME	RMC HOLDINGS, L L C		
STREET ADDRESS	3315 7TH ST. CIRCLE WEST	CITY-ST-ZIP	600053361686 05/05/05--01008--012 **526.25
CITY-ST-ZIP	PALMETTO, FL 34221		
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 D. Cross, Manager 4/26/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

Robert D. Cross, Manager

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