

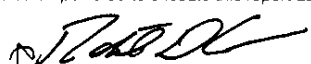


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

<b>DOCUMENT # A03000001502</b> 1. Entity Name <b>RMC PARTNERS, LTD.</b>						06107-1 AM 9:41 SECRETARY OF STATE TALLAHASSEE FLORIDA	
Principal Place of Business <b>3315 7TH ST. CIRCLE WEST          PALMETTO, FL 34221</b>				Mailing Address <b>3315 7TH ST. CIRCLE WEST          PALMETTO, FL 34221</b>			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>CROSS, ROBERT D          3315 7TH ST. CIRCLE WEST          PALMETTO, FL 34221</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>							
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>							
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY			
DOCUMENT #	L03000039893			STREET ADDRESS	<b>100074624911</b> <b>05/15/06--01048--019 **\$00.00</b>		
NAME	RMC HOLDINGS, L.L.C.			CITY-ST-ZIP			
STREET ADDRESS	3315 7TH ST. CIRCLE WEST			STREET ADDRESS			
CITY-ST-ZIP	PALMETTO, FL 34221			CITY-ST-ZIP			
DOCUMENT #				STREET ADDRESS			
NAME				CITY-ST-ZIP			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
DOCUMENT #				STREET ADDRESS			
NAME				CITY-ST-ZIP			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
DOCUMENT #				STREET ADDRESS			
NAME				CITY-ST-ZIP			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 empowered to execute this report as required by Chapter 620, Florida Statutes							
<b>SIGNATURE:</b> 				4-20-06      941-746-1512			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				<small>Date      Daytime Phone #</small>			

Robert D. Cross, Manager  
 RMC Holdings, L.L.C. a General Partner

STAPLE CHECK HERE