2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED

2005 APR 15 PM 1: 14

DOCUMENT # A0300001520 1. Entity Name RINKER LAND, LIMITED PARTNERSHIP						2005 APR 15 PM 1: 14 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business 310 OKEECHOBEE BOULEVARD STE. 100 WEST PALM BEACH, FL 33401 Mailing Address 310 OKEECHOBEE BOULE WEST PALM BEACH, FL 3						1 	1/ 00 2114 00 311 20 11 30 21	EBIN EDIEN KOR	4/20 1/01 DEXION DI 1011
2. Principal Place of Business 3. Mailing Address									
Suite, Apt. #, etc. Suite, Apt. #, etc						04072005	Chg-LP	CR2E00	3 (10/03)
City & State			City & State		4. FEI Number	10661		Applied For Not Applicable	
Zip	Country		Zip	Country		5. Certificate of		□ \$	8.75 Additional
	6. Name	and Address of Curre	nt Registered Agent	1		7. Name and A	ddress of New Re	egistered Ag	jent
					Name				
BREMER, PAUL C 310 OKEECHOBEE BOULEVARD STE. 100 WEST PALM BEACH, FL 33401					Street Address (P.O. Box Number is Not Acceptable)				
•					City	FL Zip Code			
6. The above	named entity	y submits this statement tered agent.	for the purpose of changing i	I ed office or registe	red agent, or both,	in the State of Flor		miliar with, and accept	
SIGNATURE									
Signature, typed or printed name of registered agent and title if applicable.							· ·	DATE	·
9. Capital Contributions as Shown on record. \$990,000.00 10. Amount of Capital C in FLORIDA to date.						\$526.25			
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.									1 0 г.
12. GENERAL PARTNER INFORMATION 1					3. ADDRESS CHANGES ONLY				
DOCUMENT # NAME	P0300011	6120 ENVILLE, INC.		STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP		CHOBEE BOULEVA LM BEACH, FL 3340		CITY-ST-ZIP					
DOCUMENT # NAME				STRE	EET ADDRESS				
STREET ADDRESS City-St-Zip				СПҮ	11Y-ST-ZIP 800054021388 05/06/0501083007 **526			388 ***********************************	
DOCUMENT # NAME				STRE	EET ADDRESS	 			**JEDFEO
STREET ADDRESS CITY-ST-ZIP				СПУ	-ST-ZIP				
DOCUMENT # NAME				STRE	EET ADDRESS		-		
STREET ADDRESS CITY-ST-ZIP				СПҮ	-ST-ZIP				
DOCUMENT / NAME				STRE	ET ADDRESS				
STREET ADDRESS City-St-Zip					-ST-ZIP				
DDCUMENT # NAME				STRE	EET ADDRESS				
STREET ADDRESS City-St-ZIP				CITY	-ST-ZIP				
	1 10 at 111	a lata casta a contra	ith this filing does not qualify f						<u> </u>

I receive cerupy trian the information supplied with this thing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is too 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 employee to execute this report es required by Chapter 620, Florida Statutes

LAKE GLENTALE, JAC.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER by: David B. Rinker, President

561-835-9200

Daytime Phone #