## **2008 LIMITED PARTNERSHIP ANNUAL REPORT**

FILEU SECRETARY OF STATE Due By May 1, 2008 TALLAHASSEE, FLORIDA DOCUMENT # A0300001628 08 MAY 12 PM 4: 52 RYBOVICH BOAT COMPANY, LLLP Principal Place of Business Mailing Address 450 E. LAS OLAS BLVD., STE. 1500 450 E. LAS OLAS BLVD., STE. 1500 FT LAUDERDALE, FL 33301 FT LAUDERDALE, FL 33301 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072008 CR2E003 (12/06) City & State 4. FEI Number Applied For City & State 83-0376815 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Foe Required Name and Address of New Paristers 6. Name and Address of Current Registered Agent Agent Service U.S.A., Inc AMERICAN INFORMATION SERVICES, INC. 450 E. Las Olas Blvd. ONE S.E. THIRD AVE, STE 2800 MIAMI, FL 33131 **Suite 1500** Ft. Lauderdale, FL 33301 Zip Code his statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity sulf the obligations of register FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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 the form; an amendment must be filed to change a general partner. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. L03000045257 DOCUMENT # STREET ADDRESS NAME RSBC, LLC STREET ADDRESS 450 E. LAS OLAS BLVD., STE. 1500 CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE, FL 33301 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-7IP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME

14. I hereby certify that the information supplied with this filling 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 eport as required by Chapter 620, Florida Statutes

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #