

**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2007**

**DOCUMENT # A03000001760**  
1. Entity Name  
**RD & MD FAMILY INVESTMENTS, LIMITED PARTNERSHIP**



**FILED**

2007 APR 23 AM 11:01

SECRETARY OF STATE



Principal Place of Business Mailing Address  
772 BIRD BAY DRIVE N #101 VENICE FL 34285 US

2. Principal Place of Business - No P.O. Box #  
**772 Bird Bay Dr. N.**

Suite, Apt. #, etc. #101

City & State **Venice FL**

Zip Country **34285 USA**

3. Mailing Address  
**772 Bird Bay Dr. N.**

Suite, Apt. #, etc. #101

City & State **Venice FL**

Zip Country **34285 USA**

1st MOORE CR2E003 (10/06)

4. FEI Number **31-1327720** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent

**BETTERTON, GREG A  
981 RIDGEWOOD AVENUE  
#101  
VENICE FL 34285**

7. Name and Address of New Registered Agent

Name **Ralph D. Dickson**  
Street Address (P.O. Box Number is Not Acceptable) **772 Bird Bay Dr. N.  
#101**  
City **Venice FL** Zip Code **34285**

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 *Ralph D. Dickson* DATE **4/5/07**

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2007, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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

DOCUMENT #  
NAME **DICKSON, RALPH D**  
STREET ADDRESS **772 BIRD BAY DRIVE N #101**  
CITY- ST- ZIP **VENICE FL 34285**

DOCUMENT #  
NAME **DICKSON, MARTHA A**  
STREET ADDRESS **772 BIRD BAY DRIVE N #101**  
CITY- ST- ZIP **VENICE FL 34285**

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STREET ADDRESS  
CITY- ST- ZIP

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13. ADDRESS CHANGES ONLY

STREET ADDRESS  
CITY- ST- ZIP

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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 empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Ralph D. Dickson* DATE **4/5/07** DAYTIME PHONE # **848-412-0431**

STAPLE CHECK HERE