


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 APR 24 AM 10:42

DOCUMENT # A05000000471	
1. Entity Name RONTO BEACH ROAD DEVELOPMENTS, LTD.	

Principal Place of Business 3185 HORSESHOE DR SOUTH, FIRST FLOOR NAPLES, FL 34104	Mailing Address 3185 HORSESHOE DR SOUTH, FIRST FLOOR NAPLES, FL 34104
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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

03202006 Chg-LP CR2E003 (11/05)	
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
BLOOM, KEN E 3185 HORSESHOE DR SOUTH, FIRST FLOOR NAPLES, FL 34104	

7. Name and Address of New Registered Agent	
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

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P05000029167	STREET ADDRESS	
NAME	RONTO BEACH ROAD DEVELOPMENTS ONE, INC.	CITY-ST-ZIP	
STREET ADDRESS	3185 HORSESHOE DR SOUTH, FIRST FLOOR		
CITY-ST-ZIP	NAPLES, FL 34104		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

000074078280
 05/05/06--01045--008 **500.00

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: <i>KEB</i> Kenneth E Bloom	4-6-06	239-144-6310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		
Date Daytime Phone #		

STAPLE CHECK HERE