

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

08 JUN 23 AM 9:42

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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04292008 Chg-LP CR2E003 (12/06)

4. FEI Number 20-2754943 Applied For
 APPLIED FOR Not Applicable

5. Certificate of Status Desired ☐ \$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 Now Registered Agent Name <u>KAREN WELKS</u> Street Address (P.O. Box Number is Not Acceptable) <u>3185 HORSESHOE DRIVE SOUTH #2</u> City <u>NAPLES</u> FL Zip Code <u>34104</u>	
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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 Karen E Welks DATE 4.29.08
 Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

600128679376
 05/07/08--01002--021 **150.00

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 # NAME STREET ADDRESS CITY-ST-ZIP	P05000029167 RONTO BEACH ROAD DEVELOPMENTS ONE, INC. 3185 HORSESHOE DR SOUTH, FIRST FLOOR NAPLES, FL 34104	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	<u>[Signature]</u>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	600128679376 06/24/08--01036--006 **350.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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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: Karen E Welks KAREN E. WELKS 4.29.08 239-649-6310
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE