

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A05000000474

1. Entity Name
RONTO BEACH ROAD DEVELOPMENTS TWO, LTD.



Principal Place of Business
**3185 HORSEHOE DRIVE SOUTH FIRST FLOOR
 NAPLES, FL 34104**

Mailing Address
**3185 HORSEHOE DRIVE SOUTH FIRST FLOOR
 NAPLES, FL 34104**

FILED

2007 APR 17 AM 10:02

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04052007 Chg-LP CR2E003 (12/06)

City & State

City & State

4. FEI Number

Applied For

APPLIED FOR

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLOOM, KEN E
 3185 HORSEHOE DRIVE SOUTH FIRST FLOOR
 NAPLES, FL 34104**

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

Signature, typed or printed name of registered agent and title if applicable

DATE

**FILE NOW!!! FEE IS \$500.00
 After May 1, 2007, 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**
 NAME **RONTO BEACH ROAD DEVELOPMENTS ONE, INC.**
 STREET ADDRESS **3185 HORSEHOE DRIVE SOUTH FIRST FLOOR**
 CITY-ST-ZIP **NAPLES, FL 34104**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-9-07

239-649-6310

Date

Daytime Phone #

STAPLE CHECK HERE