


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2006**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 APR 24 AM 10:55

<b>DOCUMENT # A05000001060</b>	
1. Entity Name <b>RENDEZVOUS FISHING PARTNERS, LTD.</b>	

Principal Place of Business <b>1610 DAVIS DRIVE MERRITT ISLAND FL 32952 US</b>	Mailing Address <b>1610 DAVIS DRIVE MERRITT ISLAND FL 32952 US</b>
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

*[Handwritten signature]*

1st MOORE CR2E003 (10/05)

4. FEI Number <b>55-0897201</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>CORZINE, BARRY 1610 DAVIS DRIVE MERRITT ISLAND FL 32952</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2006, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	<b>CORZINE, BARRY</b>	CITY - ST - ZIP	
STREET ADDRESS	<b>1610 DAVIS DRIVE</b>		
CITY - ST - ZIP	<b>MERRITT ISLAND FL 32952</b>		
DOCUMENT #		STREET ADDRESS	<b>600074754726</b>
NAME	<b>SEVOR, JEFFREY J</b>	CITY - ST - ZIP	<b>05/17/06--01017--012 **500.00</b>
STREET ADDRESS	<b>2295 LEE ROAD</b>		
CITY - ST - ZIP	<b>WINTER PARK FL 32789</b>		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
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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: *[Handwritten signature: X Barry Corzine]*

4-10-06

STAPLE CHECK HERE