## 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007 DOCUMENT # A05000001060 1. Entity Name RENDEZVOUS FISHING PARTNERS, LTD. Principal Place of Business Mailing Address 1610 DAVIS DRIVE 1610 DAVIS DRIVE MERRITT ISLAND, FL 32952 US MERRITT ISLAND, FL 32952 DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent

**FILED** Mar 12, 2007 08:00 AM **Secretary of State** 



02152007 No Chg-LP

CR2E003 (12/06)

4. FEI Number Applied For 55-0897201 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

CORZINE, BARRY 1610 DAVIS DRIVE MERRITT ISLAND, FL 32952

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

| ····   |                             |   |
|--|-----------------------------|---|
| 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  OATE   |                             |   |
| FILE NOW!!! FEE IS \$500.00<br>After May 1, 2007, Fee will be \$900.00   |                             | U00000664439<br>03/22/07-80043-022-500.00 |
| 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 |   |
| DOCUMENT #   |                             |   |
| NAME   | CORZINE, BARRY              |   |
| STREET ADDRESS   | 1610 DAVIS DRIVE            |   |
| CITY-ST-ZIP  | MERRITT ISLAND, FL 32952    |   |
| DOCUMENT #   |                             | · ·                                       |
| NAME   | SEVOR, JEFFREY J            |   |
| Street Address   | 2295 LEE ROAD               |   |
| CITY-ST-ZIP  | WINTER PARK, FL 32789       |   |
| DOCUMENT #   |                             |   |
| NAME   |                             |   |
| STREET ADDRESS   |                             | DO NOT WRITE                              |
| CITY-ST-ZIP  |                             | 11. TIUO ODIO                             |
| DOCUMENT #   |                             | IN THIS SPACE                             |
| NAME   |                             |   |
| STREET ADDRESS   |                             | •   |
| CITY-ST-ZiP  |                             |   |
| DOCUMENT #   |                             |   |
| NAME   |                             |   |
| STREET ADDRESS   |                             |   |
| CITY-ST-ZIP  |                             |   |
| DUCUMENT #   |                             |   |
| NAME   |                             |   |
| STREET ADDRESS   |                             | ,   |
| CITY-ST-ZIP  |                             |   |
| 14. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I further certify that the information   |                             |   |
| 14. Thereby certify that the information supplied with this filling 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 exprovered to execute this report as required by Chapter 620. Florida Statutes. |                             |   |

INTED NAME OF SIGNING BENERAL PARTNER