


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

<b>DOCUMENT # A05000001125</b> 1. Entity Name <b>RCP SARASOTA, LTD.</b>						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS <b>06 MAY -1 AM 9:42</b>	
Principal Place of Business <b>20 EAST 53RD STREET NEW YORK NY 33771</b>				Mailing Address <b>20 EAST 53RD STREET NEW YORK NY 33771</b>			
2. Principal Place of Business <b>c/o RCP General Inc. 16 East 52nd Street Suite, Apt. #, etc. 7th Floor</b>				3. Mailing Address <b>c/o RCP General Inc. 16 East 52nd St Suite, Apt. #, etc. 7th Floor</b>			
City & State <b>NY NY</b>		City & State <b>NY NY</b>		4. FEI Number <b>1st MOORE</b>		Applied For <input type="checkbox"/> <b>CR2E003 (10/05)</b>	
Zip <b>10022</b>		Country <b>NY</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Not Applicable	
6. Name and Address of Current Registered Agent <b>LEVY, DAVID L ESQ. 10225 ULMERTON ROAD BLDG 9-C LARGO FL 33771</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 _____			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
<b>FILE NOW!!! Fee is \$500. *** After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.</b>							
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>							
<b>12. GENERAL PARTNER INFORMATION</b>				<b>13. ADDRESS CHANGES ONLY</b>			
DOCUMENT # <b>P05000074003</b> NAME <b>RCP SARASOTA, INC.</b> STREET ADDRESS <b>20 E 53RD STREET</b> CITY-ST-ZIP <b>NEW YORK NY 10022</b>				STREET ADDRESS <b>16 East 52nd Street, 7th Floor</b> CITY-ST-ZIP _____			
DOCUMENT # _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____				STREET ADDRESS _____ CITY-ST-ZIP _____			
DOCUMENT # _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____				STREET ADDRESS <b>100074026531</b> <b>05/05/06--01008--003--**350.00</b> CITY-ST-ZIP <b>100074026531</b> <b>05/05/06--01008--004--**300.00</b>			
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DOCUMENT # _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____				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							
<b>SIGNATURE:</b> <i>Jonathan Rose</i>				<b>3-8-06</b> <b>212 755 7778</b>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				<small>Date Daytime Phone #</small>			

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