


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

DOCUMENT # A05000001512 1. Entity Name R & D RODRIGUEZ FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 5840 SEA BISCUIT ROAD PALM BEACH GARDENS FL 33418			Mailing Address 5840 SEA BISCUIT ROAD PALM BEACH GARDENS FL 33418		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number AP-PLIED FOR	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PHYSICIANS' LAW CENTER, LLC 3452 W. BOYNTON BEACH BLVD., SUITE 5 BOYNTON BEACH FL 33436			7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! Fee is \$500. *** After May 1, 2007, 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 #	NAME		STREET ADDRESS	CITY ST ZIP	
STREET ADDRESS	5840 SEA BISCUIT ROAD		CITY ST ZIP		
CITY ST ZIP	PALM BEACH GARDENS FL 33418		STREET ADDRESS	CITY ST ZIP	
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E003 (10/06)

4. FEI Number **AP-PLIED FOR**

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

**PHYSICIANS' LAW CENTER, LLC
3452 W. BOYNTON BEACH BLVD., SUITE 5
BOYNTON BEACH FL 33436**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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SIGNATURE

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

DATE

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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

STREET ADDRESS

CITY ST ZIP

**RODRIGUEZ, RAFAEL J
5840 SEA BISCUIT ROAD
PALM BEACH GARDENS FL 33418**

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13.

ADDRESS CHANGES ONLY

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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:

Rafael J. Rodriguez
RAFAEL J. RODRIGUEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/9/07

561-7362001

Date

Daytime Phone #

STAPLE CHECK HERE