



**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

<b>DOCUMENT # A05000002177</b> 1. Entity Name <b>RMS PROPERTIES, LLLP</b>						SEC. OF STATE DIVISION OF REVENUE 06 FEB 24 AM 10:05	
Principal Place of Business 14242 VIBURNON LANE ORLANDO, FL 32828				Mailing Address 14242 VIBURNON LANE ORLANDO, FL 32828			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Zip					
Country		Country		02092006 Chg-LP CR2E003 (11/05)			
4. FEI Number				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CIACCIO, SALVATORE 14242 VIBURNON LANE ORLANDO, FL 32828				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>							
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</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>							
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY			
DOCUMENT #	NAME			STREET ADDRESS			
NAME	CIACCIO, SALVATORE			CITY-ST-ZIP			
STREET ADDRESS	14242 VIBURNON LANE			CITY-ST-ZIP			
CITY-ST-ZIP	ORLANDO, FL 32828			CITY-ST-ZIP			
DOCUMENT #	NAME			STREET ADDRESS			
NAME	DIORIO, MARCO			CITY-ST-ZIP			
STREET ADDRESS	20655 NEWBY STREET			CITY-ST-ZIP			
CITY-ST-ZIP	ORLANDO, FL 32833			CITY-ST-ZIP			
DOCUMENT #	NAME			STREET ADDRESS			
NAME	DIORIO, PELLAGRINO			CITY-ST-ZIP			
STREET ADDRESS	756 STERLING SPRING ROAD			CITY-ST-ZIP			
CITY-ST-ZIP	ORLANDO, FL 32828			CITY-ST-ZIP			
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STREET ADDRESS				CITY-ST-ZIP			
CITY-ST-ZIP				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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>							
<small>Date</small> _____ <small>Daytime Phone #</small> _____							

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