## **2008 LIMITED PARTNERSHIP ANNUAL REPORT** Due By May 1, 2008

CITY-ST-ZIP

SIGNATURE:

## SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # A05000002177 1. Entity Name RMS PROPERTIES, LLLP 08 MAR 13 AM 7: 34 Mailing Address Principal Place of Business 14242 VIBURNON LANE 14242 VIBURNON LANE ORLANDO, FL 32828 ORLANDO, FL 32828 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 14242 VIBURNUM LANE 14242 VIBURNUM LANE Suite, Apt. #, etc. Suite, Apt. #, etc. 03042008 Chg-LP CR2E003 (12/06) City & State City & State 4. FEI Number Applied For 20-3953478 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CIACCIO, SALVATORE Street Address (PO BOX Number is Not Acceptable) 14242 VIBURNON LANE ORLANDO, FL 32828 Zip Code FL 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, typed or printed name of registered agent and title if applicable. DATE 25: FILE NOW!!! FEE IS \$500.00 \*\*500:*00* After May 1, 2008, Fee will be \$900.00 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. DOCUMENT # STREET ADDRESS 14242 VIBURNUM LANE NAME CIACCIO, SALVATORE STREET ADDRESS 14242 VIBURNON LANE CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FL 32828 DOCUMENT # STREET ADDRESS NAME DIIORIO, MARCO STREET ADDRESS 20655 NEWBY STREET CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FL 32833 DOCUMENT / STREET ADDRESS NAME DIIORIO, PELLAGRINO 756 STERLING SPRING ROAD STREET ADDRESS City-St-7IP CITY - ST - 7IP ORLANDO, FL 32828 DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREE ADDRESS CITY-ST-ZIP CITY - ST - ZIP DOCSMENT A STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP

14. I hereby 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 empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILED