
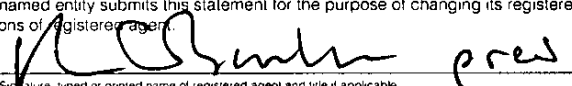
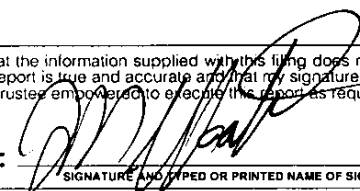


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 APR 23 PM 4: 41

DOCUMENT # A05264 1. Entity Name RCW INVESTMENTS, LTD.			
Principal Place of Business 6520 125TH AVENUE NORTH LARGO, FL 33773		Mailing Address 6520 125TH AVENUE NORTH LARGO, FL 33773	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1703562		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BURKE, ROBERT C JR KIMPTON, BURKE & BOBENHAUSEN, P.A.(Remove name) 412 TARPON AVENUE TARPON SPRINGS, FL 34689		7. Name and Address of New Registered Agent Name Robert C. Burke, Jr., PA Street Address (P.O. Box Number is Not Acceptable) 412 Tarpon Avenue City Tarpon Springs FL Zip Code 34689	
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  pres. DATE 04/09/08 Signature, typed or printed name of registered agent and title if applicable.			
FILE NOW!!! FEE IS \$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.			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	WOOTEN, JAMES N	STREET ADDRESS	
NAME	6520 125TH AVENUE NORTH	CITY- ST- ZIP	
STREET ADDRESS	LARGO, FL 33773		
CITY- ST- ZIP			
DOCUMENT #	WOOTEN, GREGORY H	STREET ADDRESS	800125115098
NAME	6520 125TH AVENUE NORTH	CITY- ST- ZIP	04/22/08--01042--014 **508.75
STREET ADDRESS	LARGO, FL 33733		
CITY- ST- ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY- ST- ZIP	
STREET ADDRESS			
CITY- ST- ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY- ST- ZIP	
STREET ADDRESS			
CITY- ST- ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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			
SIGNATURE: 		James N. Wooten 4-16-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

STAPLE CHECK HERE