2007 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2007

DOCUMENT # 40600001269

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SIGNATURE:



FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

1. Entity Name RKL FAMILY PARTNERSHIP, LTD.					07 JAN 16 AM 9: 16	
Principal Place of Business Mailing Address 10340 N.W. 53RD STREET 10340 N.W. 53RD SUNRISE, FL 33351 SUNRISE, FL 3335						
Principal Place of Business - No P.O. Box # Mailing Addres			ss			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01112007 Chg-LP CR2E003 (12/06)	
City & State		City & State			4. Flourmber 59333 42 Applied For Not Applicable	
Zíp	Country	Zip	Countr	ry	5. Certificate of Status Desired \$8.75 Additional Fee Required	
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name		
THOMPSON, RUSSELL M 10340 N.W. 53RD STREET SUNRISE, FL 33351				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 ac the obligations of registered agent.						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable						
FILE NOWIII FEE IS \$500.00 After May 1, 2007, 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 ENT L06000104652				ADDRESS CHANGES ONLY	
NAME STREET ADDRESS CITY-ST-ZIP	RKL, LLC 10340 N.W. 53RD STREET			T ADDRESS ST-ZIP		
DOCUMENT #	05/11/02,12 05051	· · · · · · · · · · · · · · · · · · ·	STREE	T ADDRESS		
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STREET ADDRESS CITY-ST-ZIP			City-S	ST-ZIP		
DOCUMENT # NAME			STREE	T ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-S	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						