## 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

STAPLE CHECK HERE

SIGNATURE: X\_

DOCUMENT # A0600001335  1. Entity Name REDISH INVESTMENTS LLLP					200	FIL!		
Principal Place 306 BOND SCLEWISTON,	Mailing Address 1080 EAST HIGHWAY LABELLE, FL 33935	080 EAST HIGHWAY 80		SE TAL	CRETARY O LAHASSEE.	F STATE FLORIDA		
Principal Place of Business - No P.O. Box # 3. Mailing Address				· · · · · · · · · · · · · · · · · · ·				
Suite, Apt. #, etc.  Suite, Apt. #, etc.						MILL DEIN MAILE KAJN MBN	E 881)  1881 11    1885	##    #1 #   #   #! :##
				02162007	Chg-LP	CR2E003 (		
City & State		City & State		4. FEI Number			Applied For Not Applicable	
Zip	Country	Zip Country		ntry	5. Certificate o	f Status Desired		75 Additional Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
REDISH, RICKY R 306 BOND STREET CLEWISTON, FL 33440-3804				Street Address (F	P.O. Box Number	is Not Acceptable	)	
					<del></del>		· 	
				City			FL 2	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 Signature, typed or printed name of registered agent and title if applicable.								
FILE NOW!!! 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 PARTNE	<del></del>	13.	·		ADDRESS CHA		
NAME	REDISH HOLDINGS, LLC		STAE	EET ADDRESS				U
STREET ADDRESS CITY-ST-ZIP	306 BOND STREET CLEWISTON, FL 334403804		CITY	- ST-ZIP				,
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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 choose and to execute this report as required by Chapter 620, Florida Statutes								

D TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER