

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A06000001350	
1. Entity Name RML PROPERTY LIMITED PARTNERSHIP	

FILED
07 APR 23 AM 7:54
CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 2300 CORAL WAY MIAMI, FL 33145	Mailing Address 2300 CORAL WAY MIAMI, FL 33145
--	--



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

02052007 Chg-LP CR2E003 (12/06)

4. FEI Number 20-8777988	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATE PROCESS SERVICES, INC. 2300 CORAL WAY MIAMI, FL 33145	7. Name and Address of New Registered Agent 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 _____
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 PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P06000120679	STREET ADDRESS	
NAME	RML INVESTMENTS INC	CITY-ST-ZIP	
STREET ADDRESS	2300 CORAL WAY		
CITY-ST-ZIP	MIAMI, FL 33145		
DOCUMENT #		STREET ADDRESS	100099069661
NAME		CITY-ST-ZIP	04/27/07--01005--006 **508.75
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			
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: Rodolfo Leonart 3/26/07 (305) 856 0002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

RODOLFO LLEONART, Director

STAPLE CHECK HERE