

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

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 APR 25 AM 10:43

DOCUMENT # A07000001308

1. Entity Name  
 RAHAL FAMILY LIMITED PARTNERSHIP, LTD



Principal Place of Business  
 C/O ROBERT RAHAL  
 6010 45TH STREET  
 VERO BEACH, FL 32967

Mailing Address  
 C/O MRRE, LLC (RAHAL FLP)  
 9999 NE SECOND AVE, SUITE 204  
 MIAMI SHORES, FL 33138



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

6010 45 Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03242008

Chg-LP

CR2E003 (12/06)

City & State

City & State

VERO BEACH, FL

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

32967

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ORTH, SCOTT A  
 3880 SHERIDAN STREET  
 HOLLYWOOD, FL 33021

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

**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 # L06000121777  
 NAME MRRE, LLC  
 STREET ADDRESS 6010 45TH STREET  
 CITY-ST-ZIP VERO BEACH, FL 32967

STREET ADDRESS  
 CITY-ST-ZIP 500125593375  
 04/24/08--01044--017 \*\*500.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-21-08

Date

(772) 834-7722

Daytime Phone #

STAPLE CHECK HERE