


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

08 MAY -6 AM 8:55

DOCUMENT # A07000001367					
1. Entity Name RMR FAMILY LLLP					
Principal Place of Business 8925 COLLINS AVE. APT. 7F SURFSIDE, FL 33154			Mailing Address 8925 COLLINS AVE. APT. 7F SURFSIDE, FL 33154 US		
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	04282008 Chg-LP CR2E003 (12/06)	
4. FEI Number				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GASTESI, RAUL JR 8105 NW 155 STREET MIAMI LAKES, FL 33016			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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 #	NAME		STREET ADDRESS		
NAME	RODRIGUEZ, MARIELY		CITY-ST-ZIP		
STREET ADDRESS	8925 COLLINS AVE APT. 7F				
CITY-ST-ZIP	SURFSIDE, FL 33154				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	RODRIGUEZ, REGINO JR		CITY-ST-ZIP		
STREET ADDRESS	8032 NW 164 TERRACE				
CITY-ST-ZIP	MIAMI LAKES, FL 33016				
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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: <i>[Signature]</i>			Date: 4-28-08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Daytime Phone #		

STAPLE CHECK HERE

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