FILED
Jan 23, 2006 08:00 AM
Secretary of State

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A21360

1. Entity Name
R THREE PARTNERS, LTD.

Principal Place of Business	Mailing Address
8118 SUMMIT RIDGE LANE JACKSONVILLE, FL 32216	8118 SUMMIT RIDGE LANE JACKSONVILLE, FL 32216

DO NOT WRITE IN THIS SPACE

01192006 No Chg-LP CR2E003 (11/05)

4. FEI Number
59-2467140
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HELOW, GEORGE
8118 SUMMIT RIDGE LANE
JACKSONVILLE, FL 32256

DO NOT WRITE IN THIS SPACE

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, 2006, 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

DOCUMENT #	
NAME	HELOW, GEORGE
STREET ADDRESS	8118 SUMMIT RIDGE LANE
CITY-ST-ZIP	JACKSONVILLE, FL
DOCUMENT #	
NAME	HELOW, JOSEPH
STREET ADDRESS	8118 SUMMIT RIDGE LANE
CITY-ST-ZIP	JACKSONVILLE, FL
DOCUMENT #	G93078000068
NAME	R SQUARED PARTNERS
STREET ADDRESS	%1003 MIDWEST CLUB RD
CITY-ST-ZIP	OAK BROOK, IL
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

STAPLE CHECK HERE

000000399140
01/31/06-80025-014 500.00

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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: _____ 1/19/06 230-655-0739
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #