


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

**FILED
Feb 07, 2008 08:00 AM
Secretary of State**

DOCUMENT # A21360 1. Entity Name R THREE PARTNERS, LTD.	
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Principal Place of Business 8118 SUMMIT RIDGE LANE JACKSONVILLE, FL 32216	Mailing Address 8118 SUMMIT RIDGE LANE JACKSONVILLE, FL 32216
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DO NOT WRITE IN THIS SPACE



01142008 No Chg-LP	CR2E003 (12/06)
4. FEI Number 59-2467140	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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, 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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	HELOW, GEORGE 8118 SUMMIT RIDGE LANE JACKSONVILLE, FL
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	HELOW, JOSEPH 8118 SUMMIT RIDGE LANE JACKSONVILLE, FL
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	G93078000068 R SQUARED PARTNERS %1003 MIDWEST CLUB RD OAK BROOK, IL
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

000000819926
02/18/08-80008-003 500.00

**DO NOT WRITE
IN THIS SPACE**

STAPLE CHECK HERE

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:  **1/14/08 430 371 0282**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #