2005 LIMITED PARTNERSHIP ANNUAL REPORT
\_\_\_\_Due By May 1, 2005

## FILED Jan 28, 2005 08:00 AM Secretary of State

DOCUMENT # A21672  1. Entity Name RLC FLORIDA LTD.	·		Secretary of Star
Principal Place of Business 121 ALHAMBRA PLAZA PENTHOUSE 1 SUITE 1600 CORAL GABLES, FL 33134	Mailing Address 121 ALHAMBRA PLAZ PENTHOUSE 1 SUITE CORAL GABLES, FL 3	1600	) YEDDYDAY ZOYD GYEDD YYDD AFED YWY FONGA GYDL GYGL DYGLL DIAWY BARN BARN BARN BARN BARN BARN BARN BARN
2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #. etc.		01052005 Chg-LP CR2E003 (10/03)
City & State	City & State		4. FEI Number Applied For 65-0487140 Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired
6. Name and Address of Curre	ent Registered Agent	Name	7. Name and Address of New Registered Agent
RENTZ, LARRY R	<del></del>		
121 ALHAMBRA PLAZA   PENTHOUSE 1 SUÍTE 1600		Street A	kddress (P.O. Box Number is Not Acceptable)
CORAL GABLES, FL 33134			
	87 Y <u>es - C </u>	City	FL Zip Code
the obligations of registered agent.  SIGNATURE  Surjahure, typed or printed name of registered agent.	ant and title if applicable.  10. Amount of Capi	lai Contunutions	DATE DATE
as Shown on record. \$1,000.00	in FLORIDA to c	fate	
NOTE: General Partners I	MAY NOT be changed on I		REGISTERED AND ACTIVE WITH THIS OFFICE. endment must be filed to change a general partner.
DOCUMENT P16775	IER INFORMATION	13.	ADDRESS CHANGES ONLY
NAME HAMMOND VENTURE, INC.  STREET ADDRESS 121 ALHAMBRA PLAZA, PH I,  CITY-ST-ZIP CORAL GABLES, FL 33134	SUITE 1600	STREET ADDRESS	
DOCUMENT A NAME STREET ADDRESS	·	STREET ADDRESS	U00000202225 01/28/05-80100-017 141.25
CITY-ST-ZUP	<u> </u>	CITY-SI-ZIP	
DOGUMENT # NAME		STREET ADDRESS	
STREET ADDRESS  CITY-ST-ZIP		CITY - ST - ZIP	
DOCUMENT ₹ NAME		STREET ADDRESS	<u> </u>
STREET ADDRESS ( GITY-ST-ZIP	<u> 2</u>	CITY-ST-ZIP	)
DOCUMENT # NAME		STREET ADDRESS	
STREET ADDRESS  CITY-ST-ZIP		City+ST-ZIP	· · · · · · · · · · · · · · · · · · ·
DUCUMENT # NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	<u> </u>	GRTY - ST - ZIP	
indicated on this report is true and accurate a the receiver or trustee empowered to execute	nd that my signature shall have this report as required by Chap	the same legal effective 620, Florida Stat	
SIGNATURE:URE AND TYPED	OR PRINTED AME OF SIGNING GENER	AL PARTNER HAM	MEND VENTRE Date Dayune Phone: