

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

08 APR 21 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**DOCUMENT #A21672**1. Entity Name
RLC FLORIDA LTD.

Principal Place of Business

121 ALHAMBRA PLAZA
PENTHOUSE 1 SUITE 1600
CORAL GABLES, FL 33134

Mailing Address

121 ALHAMBRA PLAZA
PENTHOUSE 1 SUITE 1600
CORAL GABLES, FL 33134**DO NOT WRITE IN THIS SPACE**

01042008 No Chg-LP

CR2E003 (12/06)

4. FEI Number

65-0487140

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**RENTZ, LARRY R
121 ALHAMBRA PLAZA
PENTHOUSE 1 SUITE 1600
CORAL GABLES, FL 33134**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 _____

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**

DOCUMENT #	P16775
NAME	HAMMOND VENTURE, INC.
STREET ADDRESS	121 ALHAMBRA PLAZA, PH I, SUITE 1600
CITY-ST-ZIP	CORAL GABLES, FL 33134

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900123960829
04/18/08--01007--021 **500.00**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

STAPLE CHECK HERE