

2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2005

**FILED**  
**Mar 01, 2005 08:00**  
**Secretary of State**

**DOCUMENT # A29676**

1. Entity Name  
**THE RHM & BBM FAMILY LIMITED PARTNERSHIP**



Principal Place of Business  
**1954 COUNTRY CLUB DR.  
PORT ORANGE, FL 32128**

Mailing Address  
**1795 EARHART CT.  
PORT ORANGE, FL 32128**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02252005

Chg-LP

CR2E003 (10/03)

City & State

City & State

4. FEI Number

59-2982366

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MANDUS, R.H.  
795 PINE PLACE  
MERRITT ISLAND, FL 32952**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

9. Capital Contributions  
as Shown on record. **\$1,560,160.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**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  
CITY- ST- ZIP  
**R.H. MANDUS  
795 PINE PLACE  
MERRITT ISLAND, FL**

STREET ADDRESS

CITY- ST- ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**BETTY B. MANDUS  
1754 COUNTRY CLUB DR.  
PORT ORANGE, FL 32128**

STREET ADDRESS

CITY- ST- ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

STREET ADDRESS

CITY- ST- ZIP

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CITY- ST- ZIP

1100000247878  
03/01/05-80033-013 526.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #

*Betty B. Mandus, Gen Partner* 2/26/05 (386) 756-8435