2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007

FILED
May 22, 2007 08:00 A
Secretary of State

DOCUMENT # A29676

1. Entity Name
THE RHM & BBM FAMILY LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
1954 COUNTRY CLUB DR. PORT ORANGE, FL 32128	1795 EARHART CT. PORT ORANGE, FL 32128

05182007 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2982366
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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
Due by September 14, 2007

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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	R.H. MANDUS
STREET ADDRESS	795 PINE PLACE
CITY-ST-ZIP	MERRITT ISLAND, FL
DOCUMENT #	
NAME	BETTY B. MANDUS
STREET ADDRESS	1754 COUNTRY CLUB DR.
CITY-ST-ZIP	PORT ORANGE, FL 32128
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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05/31/07-80017-008 500.00

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: Betty Mandus 5/17/07 (386) 756-8435
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #