


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # A30832		
1. Entity Name R.I.A. MELBOURNE LIMITED PARTNERSHIP		

Principal Place of Business 3355 RICHMOND ROAD, SUITE 231A BEACHWOOD, OH 44122	Mailing Address 3355 RICHMOND ROAD, SUITE 231A BEACHWOOD, OH 44122
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01262005	Chg-LP	CR2E003 (10/03)
4. FEI Number 34-1663948		Applied For Not Applicat.
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324

7. Name and Address of New Registered Agent	
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$2,895,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	WEINGART, NED S.	STREET ADDRESS	000000209140
NAME	3355 RICHMOND ROAD, SUITE 231A	CITY - ST - ZIP	02/02/05-80028-002 5:35 PM
STREET ADDRESS	BEACHWOOD, OH 44122		
CITY - ST - ZIP			
DOCUMENT #	P31522	STREET ADDRESS	
NAME	EQUITY PLANNING HLDNG, C	CITY - ST - ZIP	
STREET ADDRESS	3355 RICHMOND ROAD, SUITE 231A		
CITY - ST - ZIP	BEACHWOOD, OH 44122		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY - ST - ZIP			

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: NED S. WEINGART **Jan. 31, 2005** **(318) 595-0780**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #