

**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2006**

**FILED**  
**Feb 03, 2006 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



2. Principal Place of Business

3. Mailing Address

1st MOORE

CR2E003 (10/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

34-1663948

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

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2006, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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

WEINGART, NED S.

STREET ADDRESS

3355 RICHMOND ROAD, SUITE 231A

CITY - ST - ZIP

BEACHWOOD OH 44122

STREET ADDRESS

CITY - ST - ZIP

000000420487

02/15/06-80061-003 508.75

DOCUMENT #

NAME

P31522  
EQUITY PLANNING HLDNG, C

STREET ADDRESS

3355 RICHMOND ROAD, SUITE 231A

CITY - ST - ZIP

BEACHWOOD OH 44122

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CITY - ST - ZIP

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:

NED S. WEINGART JAN. 30, 2006 (216) 595-0780

STAPLE CHECK HERE