


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # A93000000749 1. Entity Name RAYSAL LIMITED PARTNERSHIP	
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Principal Place of Business 405 SEVENTH ST., S.E. JASPER FL 32052	Mailing Address POST OFFICE BOX 232 JASPER FL 32052
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



1st MOORE CR2E003 (10/06)

6. Name and Address of Current Registered Agent CAMP, JOHN C 405 SEVENTH ST., S.E. JASPER FL 32052	
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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.

FILE NOW!!! Fee is \$500. * After May 1, 2007, 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 STREET ADDRESS CITY-STATE-ZIP	CAMP, JOHN C 405 SEVENTH ST., S.E. JASPER FL 32052	STREET ADDRESS CITY-STATE-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-STATE-ZIP	CAMP, ERCEL A 405 SEVENTH ST., S.E. JASPER FL 32052	STREET ADDRESS CITY-STATE-ZIP	000000748590 05/17/07-80075-006 508.75
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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: John C. Camp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/23/07 386-792-2951
Date Daytime Phone #

STAPLE CHECK HERE