

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # A94000001249					
1. Entity Name RKCS LIMITED PARTNERSHIP					
Principal Place of Business 3424 JEAN CIRCLE TAMPA, FL 33629			Mailing Address 3424 JEAN CIRCLE TAMPA, FL 33629		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3265486	
				Applied For Not Applicable	
				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		
STEWART, RANALD JR 3424 JEAN CIRCLE TAMPA, FL 33629			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. \$140,000.00		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	3424 JEAN CIRCLE	
STREET ADDRESS	3006 SWANN AVENUE		CITY-ST-ZIP	TAMPA, FL 33629	
CITY-ST-ZIP	TAMPA, FL 33609		STREET ADDRESS		
DOCUMENT #	NAME		STREET ADDRESS		
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DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS			CITY-ST-ZIP	000049108160	
CITY-ST-ZIP			STREET ADDRESS	03/24/05--01050--014 **562.25	
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CITY-ST-ZIP			STREET ADDRESS		
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: <i>R Stewart</i>			3-10-05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date		
			Daytime Phone #		

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