

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**May 01, 2006 08:00 A**  
**Secretary of State**

**DOCUMENT # A94000001407**

1. Entity Name  
**GAMM PARTNERS, LTD.**



Principal Place of Business  
**% RBF INVESTMENTS, INC.  
10 EDGEWATER DRIVE, #16-C  
CORAL GABLES, FL 33133**

Mailing Address  
**% RBF INVESTMENTS, INC.  
10 EDGEWATER DRIVE, #16-C  
CORAL GABLES, FL 33133**



04182006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0530121**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**RENEE B. FINK  
10 EDGEWATER DRIVE, #16-C  
CORAL GABLES, FL 33133**

**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

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2006, Fee will be \$900.00**

**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 # **P95000011075**  
NAME **RBF INVESTMENTS, INC.**  
STREET ADDRESS **10 EDGEWATER DRIVE, #16-C**  
CITY-ST-ZIP **CORAL GABLES, FL 33133**

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U00000558112  
05/17/06-80081-015 500.00

**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:**

*Renee B. Fink* **Renee B. Fink**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

*4/21/06* **305  
668-0561**