

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

DOCUMENT # A94000001873

1. Entity Name
RMC MANAGEMENT COMPANY, LTD.



FILED
Apr 18, 2005 08:00 AM
Secretary of State

Principal Place of Business 5410 HOMBERG DR. STE. A KNOXVILLE, TN 37919	Mailing Address PO BOX 11229 KNOXVILLE, TN 37939
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2. Principal Place of Business 3. Mailing Address

02252005 Chg-LP CR2E003 (10/03)

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number 62-1073900	Applied For <input type="checkbox"/> Not Applicable
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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

CLIFFORD L. WALTERS
802 11TH STREET WEST
BRADENTON, FL 34205

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

9. Capital Contributions
as Shown on record. **\$300,000.00**

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 #	P94000093927
NAME	LGL ENTERPRISES, INC.
STREET ADDRESS	1733 FLETCHER AVENUE
CITY- ST- ZIP	TAMPA, FL 33612

STREET ADDRESS

CITY- ST- ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

LGL Enterprises, Inc, General Partner
Steven Levin, Vice President

Date

Daytime Phone #

3/26/05