

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

DOCUMENT # A95000001171			
1. Entity Name ADVENTUROUS RUHL FAMILY PARTNERSHIP, LTD.			
Principal Place of Business 1276 E. GULF BEACH DRIVE ST GEORGE ISLAND FL 32328		Mailing Address 1276 E. GULF BEACH DRIVE ST GEORGE ISLAND FL 32328	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RUHL, DAN HART JR 1276 E GULF BEACH DRIVE ST GEORGE ISLAND FL 32328		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

I, 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 the obligations of registered agent.

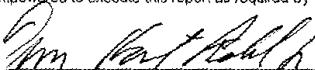
E _____
Signature, typed or printed name of registered agent and title if applicable. DATE _____

OW!!! 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.**

GENERAL PARTNER INFORMATION		13.	ADDRESS CHANGES ONLY
RUHL, DAN HART JR 1276 E GULF BEACH DRIVE ST GEORGE ISLAND FL 32328		STREET ADDRESS	<i>04/09/07-01005-020 4153</i>
		CITY ST ZIP	
HL, BARBARA INGRAM 1276 E. Gulf Beach Dr. ST GEORGE ISLAND FL 32328		STREET ADDRESS	04/09/07-01005-020 **\$500.00
		CITY ST ZIP	
		STREET ADDRESS	
		CITY ST ZIP	
		STREET ADDRESS	
		CITY ST ZIP	
		STREET ADDRESS	
		CITY ST ZIP	

Information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 empowered to execute this report as required by Chapter 620, Florida Statutes.

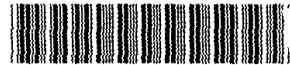


NATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILED

2007 APR -3 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E003 (10/06)

4. FEI Number
59-3348896

Appl. Not Appl.

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

04/09/07-01005-020 4153

*04/09/07-01005-020 **\$500.00*

Date

04/09/07 6061700