

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 24 AM 9:39

DOCUMENT # A95000001956

1. Entity Name
SIMMONS FAMILY LIMITED PARTNERSHIP



Principal Place of Business
1700 N. DIXIE HWY., STE. 106
BOCA RATON, FL 33432-1807

Mailing Address
1700 N. DIXIE HWY., STE. 106
BOCA RATON, FL 33432-1807

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03152005 Chg-LP CR2E003 (10/03)

4. FEI Number
65-0616881

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

SIMMONS, ROBERT L
1700 N. DIXIE HWY., STE. 106
BOCA RATON, FL 33432-1807

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. \$803,600.00

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 # P95000034682
NAME RLS FAMILY L.P., INC.
STREET ADDRESS 1700 N. DIXIE HWY., STE. 106
CITY-ST-ZIP BOCA RATON, FL 334321807

STREET ADDRESS

CITY-ST-ZIP

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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

ROBERT L. SIMMONS, AS PRES. OF
RLS FAMILY LP, INC.

3-21-2005

561-362-8888

Date

Daytime Phone #

STAPLE CHECK HERE