

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**

2007 APR 17 AM 10:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04112007 Chg-LP CR2E003 (12/06)

<b>DOCUMENT # A95000001956</b> 1. Entity Name <b>SIMMONS FAMILY LIMITED PARTNERSHIP</b>		
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Principal Place of Business <b>1700 N. DIXIE HWY., STE. 106          BOCA RATON, FL 33432-1807</b>	Mailing Address <b>1700 N. DIXIE HWY., STE. 106          BOCA RATON, FL 33432-1807</b>
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2. Principal Place of Business - No P.O. Box # <b>222 N. OCEAN BLVD.</b>	3. Mailing Address <b>222 N OCEAN BLVD</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>DELRAY BEACH, FL.</b>	City & State <b>DELRAY BEACH, FL.</b>
Zip <b>33483</b>	Zip <b>33483</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>65-0616881</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>SIMMONS, ROBERT L          1700 N. DIXIE HWY., STE. 106          BOCA RATON, FL 33432-1807</b>	7. Name and Address of New Registered Agent Name <b>SIMMONS, ROBERT L</b> Street Address (P.O. Box Number is Not Acceptable) <b>222 N OCEAN BLVD</b> City <b>DELRAY BEACH</b> FL Zip Code <b>33483</b>
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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 <b>4/11/07</b>
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**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P95000034682	STREET ADDRESS	<b>222 N. OCEAN BLVD</b>
NAME	RLS FAMILY L.P., INC.	CITY-ST-ZIP	<b>DELRAY BEACH, FL 33483</b>
STREET ADDRESS	1700 N. DIXIE HWY., STE. 106		
CITY-ST-ZIP	BOCA RATON, FL 334321807		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	<b>700101614077</b>
STREET ADDRESS			<b>05/04/07--01046--008 **508.75</b>
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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:  DATE <b>4/11/07</b>	<b>561 272 4367</b> <b>561 632 2762 CELL</b>
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STAPLE CHECK HERE