

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # A95000002074

1. Entity Name
THE RNK FAMILY LIMITED PARTNERSHIP



Principal Place of Business
**404 VONDERBURG DRIVE
BRANDON, FL 33511**

Mailing Address
**404 VONDERBUG DRIVE
BRANDON, FL 33511**



02082006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3348783

Applied For
Not Applicable

9. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KHANT, RANCHHOD
60 BAHAMA CIRCLE
DAVIS ISLAND
TAMPA, FL 33606**

**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 # **P94000071369**
NAME **P & K FOODS, INC.**
STREET ADDRESS **404 VONDERBURG DRIVE**
CITY-ST- ZIP **BRANDON, FL 33511**

DOCUMENT #
NAME **KHANT, SAROJ**
STREET ADDRESS **404 VONDERBURG DRIVE**
CITY-ST- ZIP **BRANDON, FL 33511**

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1100000436049
02/27/06-80020-022 500.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE