## 2008 LIMITED PARTNERSHIP ANNUAL, REPORT

## Due By May 1, 2008 🛶 **FILED** Feb 07, 2008 08:00 AN Secretary of State **DOCUMENT # A95000002074** THE RNK FAMILY LIMITED PARTNERSHIP Principal Place of Business Mailing Address **404 VONDERBUG DRIVE 404 VONDERBURG DRIVE** BRANDON, FL 33511 BRANDON, FL 33511 01262008 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3348783 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KHANT, RANCHHOD DO NOT WRITE **50 BAHAMA CIRCLE** DAVIS ISLAND IN THIS SPACE TAMPA, FL 33606 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, 2008, 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. GENERAL PARTNER INFORMATION 12. **DOCUMENT #** P94000071369 NAME P & K FOODS, INC. STREET ADDRESS 404 VONDERBURG DRIVE U00000819941 02/18/08-80008-018 500.00 CITY-ST-ZIP BRANDON, FL 33511 DOCUMENT # NAME KHANT, SAROJ STREET ADDRESS 404 VONDERBURG DRIVE CITY-ST-ZIP BRANDON, FL 33511 DOCUMENT # STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

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:

CHECK HERE

STAPLE

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPED OF NAME OF SIGNING GENERAL PARTNER

R. Khary-