


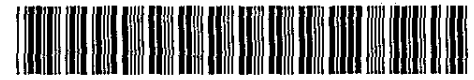
**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # A96000000437		
1. Entity Name R & C PARTNERS, LTD.		

Principal Place of Business P.O. BOX 510169 KEY COLONY BEACH FL 33051-0169	Mailing Address P.O. BOX 510169 KEY COLONY BEACH FL 33051-0169
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1ST MOORE CR2E003 (10/04)

4. FEI Number 65-0657537		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SCIARRETTA, STEVEN A ESQUIRE 2300 GLADES ROAD, SUITE 302E BOCA RATON FL 33431		7. Name and Address of New Registered Agent	
		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.		11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		
9. Capital Contributions as Shown on record.	\$850,000.00	10. Amount of Capital Contributions in FLORIDA to date 0

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 #		STREET ADDRESS	
NAME	THOMPSON, RICHARD L	CITY-ST-ZIP	
STREET ADDRESS	P.O. BOX 510169		
CITY-ST-ZIP	KEY COLONY BEACH FL 33051-0169		
DOCUMENT #		STREET ADDRESS	
NAME	THOMPSON, CHARLOTTE H	CITY-ST-ZIP	
STREET ADDRESS	P.O. BOX 510169		
CITY-ST-ZIP	KEY COLONY BEACH FL 33051-0169		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Richard L. Thompson* **RICHARD L. THOMPSON** **305-743-5913**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **2-28-05** Daytime Phone #