

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 FEB 24 AM 10:32

DOCUMENT # A97000000199

1. Entity Name
R-ENTERPRISES, LTD.



Principal Place of Business
11347 NW 67TH TERRACE
ALACHUA, FL 32615

Mailing Address
494 TURKEY CREEK
ALACHUA, FL 32615

DO NOT WRITE IN THIS SPACE

02152006 No Chg-LP

CR2E003 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, PAMELA R
11347 NW 67TH TERRACE
ALACHUA, FL 32615

**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 # P97000006321
NAME NOR OF NORTH FLORIDA, INC.
STREET ADDRESS 494 TURKEY CREEK
CITY-ST-ZIP ALACHUA, FL 32615

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

500067190125
03/07/06--01007--021 **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:

Pamela R. Robinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/15/06
Date

386 462 5253
Daytime Phone #

STAPLE CHECK HERE