


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -1 PM 12:33

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # A97000001324		
1. Entity Name RAO FAMILY PARTNERSHIP, LTD.		

Principal Place of Business 4430 S. ORANGE BLOSSOM TRAIL KISSIMMEE, FL 34746	Mailing Address 4430 S. ORANGE BLOSSOM TRAIL KISSIMMEE, FL 34746
--	--



2. Principal Place of Business 3601 S. Orange Blossom	3. Mailing Address 3601 S. Orange Blossom
--	--

Suite, Apt. # Etc. Tr.	Suite, Apt. #, etc. Tr.
------------------------	-------------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

04052006 Chg-LP CR2E003 (11/05)

4. FEI Number 59-7074207	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent
O'SHAUGHNESSY, ROSEMARY 4430 S. ORANGE BLOSSOM TRAIL KISSIMMEE, FL 34746

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable) 3601 S. Orange Blossom Trail
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.

SIGNATURE	DATE
-----------	------

Signature, typed or printed name of registered agent and title if applicable.

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P97000041769	STREET ADDRESS	3601 S. Orange Blossom Trail
NAME	RAO HOLDINGS, INC.	CITY - ST - ZIP	
STREET ADDRESS	4430 S. ORANGE BLOSSOM TRAIL		
CITY - ST - ZIP	KISSIMMEE, FL 34746		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			

500075027715
05/22/06--01043--020 **\$500.00

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: <i>Rosemarie O'Shaughnessy</i>	<i>Director</i>	<i>4/11/06</i>	<i>847-2477</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	Daytime Phone #

STAPLE CHECK HERE