


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # A97000002429 1. Entity Name RRG ASSOCIATES, LTD.	
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Principal Place of Business 2562 10TH STREET SARASOTA FL 34237	Mailing Address C/O MR. ERIC J. ROBBINS 20 COMMUNITY PLACE MORRISTOWN NJ 07960
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number 59-3478493		Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required

1st MOORE CR2E003 (10/06)

6. Name and Address of Current Registered Agent RICHARDS, JUDITH 19451 CEDAR GLEN DRIVE BOCA RATON FL 33434	
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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.

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

FILE NOW!!! Fee is \$500. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

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 #	P97000095630	STREET ADDRESS	
NAME	RRG, INC.	CITY-ST-ZIP	
STREET ADDRESS	20 COMMUNITY PLACE		
CITY-ST-ZIP	MORRISTOWN NJ 07960		
DOCUMENT #		STREET ADDRESS	U000000665366
NAME		CITY-ST-ZIP	03/23/07-80025-017 508.75
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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