

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR 21 AM 10:57

DOCUMENT # A97000002690

1. Entity Name  
RHF CARDER ROAD PARTNERS, LTD.



Principal Place of Business  
5655 CARDER ROAD  
ORLANDO, FL 32810-4741

Mailing Address  
2816 SHADOW VIEW CIRCLE  
MAITLAND, FL 32751-7518 US

2. Principal Place of Business  
1055 ROBINSON STREET  
Suite, Apt. #, etc.  
SUITE 310

3. Mailing Address  
PO Box 4059  
Suite, Apt. #, etc.

City & State  
Orlando FL  
Zip  
32801  
Country  
USA

City & State  
Edwards, Co  
Zip  
81632-4059  
Country  
USA

02032005 Chg-LP CR2E003 (10/03)

4. FEI Number  
59-3483166

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEFKOWITZ, IVAN M  
LEFKOWITZ & BLOOM, P.A.  
430 N. MILLS AVE.  
ORLANDO, FL 32803

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

9. Capital Contributions  
as Shown on record. \$175,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

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 # P97000099246  
NAME HUFFINE ENTERPRISES, INC.  
STREET ADDRESS 2816 SHADOW VIEW CIRCLE  
CITY-ST-ZIP MAITLAND, FL 327517518

13. ADDRESS CHANGES ONLY

STREET ADDRESS

0122 PERAK VIEW, Bachelor Gulch Village

CITY-ST-ZIP

AVON, Colorado 81620

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

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300049241293

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CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Robert A. Huffine*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/7/05

Date

970-748-9376

Daytime Phone #

STAPLE CHECK HERE