

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 06 MAR -3 AM 9:18

<b>DOCUMENT # A97000002690</b> 1. Entity Name RHF CARDER ROAD PARTNERS, LTD.					
Principal Place of Business 1055 ROBINSON STREET SUITE 310 ORLANDO, FL 32810-4741			Mailing Address PO BOX 4059 EDWARDS, CO 81632-4059 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02082006 Chg-LP CR2E003 (11/05)	
4. FEI Number 59-3483166				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New 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		
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 <u>IVAN M LEFKOWITZ</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>2/8/06</u>	
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P97000099246		STREET ADDRESS	P.O. Box 4059	
NAME	HUFFINE ENTERPRISES, INC. <i>Galyh</i>		CITY-ST-ZIP	EDWARDS, CO 81632-4059	
STREET ADDRESS	0122 PEAK VIEW BACHELOR CIRCLE VILLAGE		STREET ADDRESS		
CITY-ST-ZIP	AVON, CO 81620		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
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CITY-ST-ZIP			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: <u>Robert A. Huffine</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			DATE <u>2/8/06</u> DAYTIME PHONE # <u>407-496-4578</u>		

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