2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2006

DOCUMENT # A98000000030 1. Entity Name MR & R LIMITED PARTNERSHIP					Secretary of State	
}	EMITED I ATTIVETORIS					
Principal Place of Business		Mailing Address		·		
8477 GLENCAIRN TERR. MIAMI LAKES FL 33016		8477 GLENCAIRN TERR. MIAMI LAKES FL 33016				
2. Principal Place of Business		3. Mailing Address			T CERTAIN THE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE CR2E003 (10/05)	
City & State		City & State			4. FEI Number 65-0811135 Applied For Not Applied	
Zip	Country	Zip Country		itry	5. Certificate of Status Desired S8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent	
MORIYON, MARIA E 8477 GLENCAIRN TERR. MIAMI LAKES FL 33016				Name Street Address (P.O. Box Number is Not Acceptable)		
				City	FL Zip Code	
	e named entity submits this statement e obligations of registered agent.	for the purpose of changing	its registe	ered affice or regist	ered agent, or both, in the State of Florida. I am familiar with, and	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable			DAJE	
FILE N		N N 10 10 10 10 10 10 10 10 10 10 10 10 10	ill be \$	900. *** Mak	se check payable to Florida Department of State.	
{ - -	A GENERAL PARTNER	THAT IS A BUSINESS E	NTITY M	UST BE REGIST	ERED AND ACTIVE WITH THIS OFFICE.	
12. GENERAL PARTNER INFORM			the form	i; an amenomen	t must be filed to change a general partner. AODRESS CHANGES ONLY	
DOCUMENT #	·		STRE	EI ADDRESS		
NAME STREET ADDRESS CITY-ST-747	MORIYON, MARIA ELENA 8477 GLENCAIRN TERR. MIAMI LAKES FL 33016	=-	CITY	-ST-ZIP	U00000471473 03/28/06-80055-021-500.00	
DOCUMENT #	MIAMI LAKES P.C. 33016		STRE	EI ADDRESS		
STREET ADDRESS CITY-ST-ZIP			VTI3	- ST- ZIP		
DOCUMENT /			SIRE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY	-\$7-ZIP		
DOCUMENT #			STRE	EJ ADDRESS		
STRCET ADDRESS CITY-ST-ZIP			CITY	-SI-Zir		
BOGUMENT # NAME			STRE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP		
DOCUMENT / NAME			STRE	ET ACURESS		
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP		
14. I hereby indicated or the red	certify that the information supplied wild on this report is true and accurate as ceiver or trustee empowered to execut	ith this filing does not qualify not that my signature shall hav e this report as required by C	for the ex re the sam hapter 620	remptions contained e legal effect as it n I, Florida Statutes	d in Chapter 119, Florida Statutes. I further certify that the information nade under oath; that I am a General Partner of the limited partnership	

3-14-06