

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

07 JAN -8 AM 8:07

|   |                          |                     |  |   |  |
|---|--------------------------|---------------------|--|---|--|
| <b>DOCUMENT # A98000001211</b><br>1. Entity Name<br>JRC RICKETTS, LTD.  |                          |                     |  |   |  |
| Principal Place of Business<br>4341 WEST WALLACE CIRCLE<br>TAMPA, FL 33611  |                          |                     | Mailing Address<br>5 TIMBER LANE<br>POQUOSON, VA 23662 |   |  |
| 2. Principal Place of Business - No P.O. Box #  |                          | 3. Mailing Address  |  |   |  |
| Suite, Apt. #, etc.   |                          | Suite, Apt. #, etc. |  |   |  |
| City & State  |                          | City & State        |  | 4. FEI Number<br>59-3510746   |  |
| Zip   |                          | Country             |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                   |  |
| 6. Name and Address of Current Registered Agent   |                          |                     |  | 7. Name and Address of New Registered Agent   |  |
| RICKETTS, CHESTER E<br>4341 WEST WALLACE CIRCLE<br>TAMPA, FL 33611  |                          |                     |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;">FL</span> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |                          |                     |  |   |  |
| <b>FILE NOW!!! FEE IS \$500.00</b><br><b>After May 1, 2007, Fee will be \$900.00</b>  |                          |                     |  |   |  |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><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 #  | NAME                     |                     |  | STREET ADDRESS  |  |
| NAME  | RICKETTS, CHESTER E      |                     |  | CITY - ST - ZIP   |  |
| STREET ADDRESS  | 4341 WEST WALLACE CIRCLE |                     |  |   |  |
| CITY - ST - ZIP   | TAMPA, FL 336293361      |                     |  |   |  |
| DOCUMENT #  | NAME                     |                     |  | STREET ADDRESS  |  |
| NAME  | RICKETTS, RODNEY H       |                     |  | CITY - ST - ZIP   |  |
| STREET ADDRESS  | 5 TIMBER LANE            |                     |  |   |  |
| CITY - ST - ZIP   | POQUOSON, VA 23662       |                     |  |   |  |
| DOCUMENT #  | NAME                     |                     |  | STREET ADDRESS  |  |
| NAME  | RICKETTS, JILL E         |                     |  | CITY - ST - ZIP   |  |
| STREET ADDRESS  | 4415 SWANN CIRCLE        |                     |  |   |  |
| CITY - ST - ZIP   | TAMPA, FL 33609          |                     |  |   |  |
| DOCUMENT #  | NAME                     |                     |  | STREET ADDRESS  |  |
| NAME  |                          |                     |  | CITY - ST - ZIP   |  |
| STREET ADDRESS  |                          |                     |  |   |  |
| CITY - ST - ZIP   |                          |                     |  |   |  |
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| CITY - ST - ZIP   |                          |                     |  |   |  |
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| STREET ADDRESS  |                          |                     |  |   |  |
| CITY - ST - ZIP   |                          |                     |  |   |  |

STAPLE CHECK HERE

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:** RODNEY H RICKETTS 1/5/07 (434) 985-4051

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Date
Daytime Phone #



01052007 Chg-LP CR2E003 (12/06)

4. FEI Number  
 59-3510746

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

|   |  |
|---|--|
| 7. Name and Address of New Registered Agent         |  |
| Name  |  |
| Street Address (P.O. Box Number is Not Acceptable)  |  |
| City <span style="float: right;">FL</span> Zip Code |  |

DATE  
 300084143529  
 01/12/07--01009--011 \*\*500.00

**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.**

|                                 |                          |  |  |                          |  |
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| STREET ADDRESS                  | 4341 WEST WALLACE CIRCLE |  |  |                          |  |
| CITY - ST - ZIP                 | TAMPA, FL 336293361      |  |  |                          |  |
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| STREET ADDRESS                  | 5 TIMBER LANE            |  |  |                          |  |
| CITY - ST - ZIP                 | POQUOSON, VA 23662       |  |  |                          |  |
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| STREET ADDRESS                  | 4415 SWANN CIRCLE        |  |  |                          |  |
| CITY - ST - ZIP                 | TAMPA, FL 33609          |  |  |                          |  |
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| NAME                            |                          |  |  | CITY - ST - ZIP          |  |
| STREET ADDRESS                  |                          |  |  |                          |  |
| CITY - ST - ZIP                 |                          |  |  |                          |  |
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| NAME                            |                          |  |  | CITY - ST - ZIP          |  |
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| CITY - ST - ZIP                 |                          |  |  |                          |  |

934 TEEL MTN. ROAD  
 STANARDSVILLE, VA 22973

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #