2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 12, 2008

	1. Entity Nam	OCUMENT # A9800001757 Entity Name RDC FAMILY PARTNERSHIP, LTD.					FILED 08 AUG 26 PM 2: 42			
	Principal Place of Business 925 DON JUAN'COURT PUNTA GORDA, FL 33950 PUNTA GORDA, FL 33950 Mailing Address 925 DON JUAN COURT PUNTA GORDA, FL 33950						SECRETARY OF STATE TALLAHASSEE. FLORIDA			
	2. Principal Place of Business - No P.O. Box # 3. Mailing Add			1 1 1						
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		06182008	Chg-LP	CR2E003	(12/06)		
	City & State CARGO FC		LARGO FC		4. FEI Numb			Applied For Not Applicable		
	_337	Country	Zip Count		ntry		of Status Desired	Fee Required		
į	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
	CARLSON, RICHARD L 107 MARINA DEL REY CT CLEARWATER, FL 33767				Street Addr	ess (P.O. Box Numb	er is Not Acceptable	B> #	801	
					City LARGO FL Zip Code 33777					
	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 file if applicable. DATE									
	FILE NOW!!! FEE IS \$500.00 Due by September 12, 2008						In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.			
	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								er.	
	DOCUMENT #				EET ADDRESS	22.22	ADDRESS CH	ANGES ONLY	()	
	NAME STREET ADDRESS	, 525 2577 5577					>> A~ CXX	> 102	#801	
	CITY-ST-ZIP DOCUMENT #	PUNTA GORDA, FL 33950				ARGO, F	<u> </u>	5714		
_	NAME STREET ADDRESS CITY+ST-ZIP				EET ADDRESS	08/20	718-1-3752 718-1-3752	5 70 6.	31 0 *500.00	
STAPLE CHECK HERE	DOCUMENT # NAME				EET ADDRESS					
	STREET ADDRESS CITY-ST-ZIP	!			-ST-ZIP					
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	DOCUMENT / NAME			STRI	EET ADORESS					
	CITY-ST-ZIP				-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 72.7									
	SIGNAT	URE: Robad 2: Carl	Truitec	RKLA ERAL PARTN	rd L C	orlson Tr	USTER BIS		75 · 3156	