

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

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

DOCUMENT # A98000001934 1. Entity Name RLG PARTNERS LIMITED					
Principal Place of Business 1955 NW 110TH AVE. MIAMI, FL 33172			Mailing Address 1955 NW 110TH AVE. MIAMI, FL 33172		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		02152006 Chg-LP CR2E003 (11/05)	
Zip		Country		4. FEI Number 65-0855592	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROZENCWAIG & FERRERO-CARR 301 W. HALLANDALE BEACH BLVD. HALLANDALE BEACH, FL 33009				7. Name and Address of New Registered Agent Name <u>ROZENCWAIG, NADEL & FERRERO-CARR</u> Street Address (P.O. Box Number is Not Acceptable) <u>301 W. HALLANDALE BEACH BLVD.</u> City <u>HALLANDALE BEACH</u> FL Zip Code <u>33009</u>	
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>[Signature]</u> DATE <u>2/15/06</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00					
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.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P98000048616		STREET ADDRESS		
NAME	OKEECHOBEE APARTMENT INC		CITY-ST-ZIP		
STREET ADDRESS	1955 NW 110TH AVE.				
CITY-ST-ZIP	MIAMI, FL 33172				
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STREET ADDRESS					
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: [Signature] Date 02/21/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #

STAPLE CHECK HERE