

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

08 JUN -2 PM 12:43

DOCUMENT # A99000000440 1. Entity Name THE R.L.H. FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 138 S. STATE ROAD, #415 NEW SMYRNA BEACH, FL 32168	Mailing Address 138 S. STATE ROAD, #415 NEW SMYRNA BEACH, FL 32168
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2. Principal Place of Business - No P.O. Box # 252 S. State Road #415 Suite, Apt. #, etc.	3. Mailing Address PO BOX 1500 Suite, Apt. #, etc.
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City & State New Smyrna Beach, Florida Zip 32168 Country Volusia	City & State NEW SMYRNA BCH, FLORIDA Zip 32170 Country VOLUSIA
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04182008	Chg-LP	CR2E003 (12/06)
4. FEI Number 59-3638477	☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HART, ROBERT L 138 S. STATE ROAD 415 NEW SMYRNA BEACH, FL 32168	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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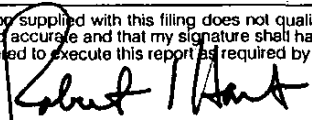
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00	900130293029 05/28/08--01002--002 **\$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.	

12. GENERAL PARTNER INFORMATION	13. ADDRESS CHANGES ONLY
DOCUMENT # P99000015996 NAME R.L.H. ADVISORY, INC. STREET ADDRESS 138 S. STATE ROAD 415 CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168	STREET ADDRESS CITY-ST-ZIP
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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:  4/24/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

(386)527-6010
Daytime Phone #

STAPLE CHECK HERE