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

Principal Place of Business	Mailing Address
138 S. STATE ROAD, #415 NEW SMYRNA BEACH, FL 32168	138 S. STATE ROAD, #415 NEW SMYRNA BEACH, FL 32168

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
252 S. State Road #415	PO BOX 1500
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: New Smyrna Beach, Florida	City & State: NEW SMYRNA BCH, FLORIDA
Zip: 32168 Country: Volusia	Zip: 32170 Country: VOLUSIA

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	7. Name and Address of New Registered Agent
HART, ROBERT L 138 S. STATE ROAD 415 NEW SMYRNA BEACH, FL 32168	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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
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	STREET ADDRESS	
NAME	R.L.H. ADVISORY, INC.	CITY-ST-ZIP	
STREET ADDRESS	138 S. STATE ROAD 415		
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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: Robert L Hart 4/24/08 (386)527-6010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

ROBERT L. HART, PARTNER