

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Mar 14, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A99000000654**

1. Entity Name  
**RHEC ASSOCIATES, LTD.**



Principal Place of Business  
**3325 S. UNIVERSITY DRIVE, #210**  
**DAVIE, FL 33328**

Mailing Address  
**3325 S. UNIVERSITY DRIVE, #210**  
**DAVIE, FL 33328**



01202006 No Chg-LP

CR2E003 (11/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0913033**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ROSS REALTY INVESTMENTS, INC.**  
**3325 SOUTH UNIVERSITY DRIVE, SECOND FLOOR**  
**DAVIE, FL 33328-2020**

**DO NOT WRITE**  
**IN THIS SPACE**

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 title if applicable.

DATE \_\_\_\_\_

**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**

DOCUMENT #  
NAME **RHECA, INC**  
STREET ADDRESS **3325 S. UNIVERSITY DRIVE, #210**  
CITY-ST-ZIP **DAVIE, FL 33328**

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11/00/01/46/032  
03/23/06 00033-021 500.00

**DO NOT WRITE**  
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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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

3-10-06

STAPLE CHECK HERE