2007 LIMITED PARTNERSHIP ANNUAL REPORT

FILED May 01, 2007 08:00 A Secretary of State Due By May 1, 2007 DOCUMENT # A99000000654 RHEĆ ASSOCIATES, LTD. Principal Place of Business Mailing Address 3325 S. UNIVERSITY DRIVE, #210 3325 S. UNIVERSITY DRIVE, #210 DAVIE, FL 33328 **DAVIE, FL 33328** 04232007 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0913033 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROSS REALTY INVESTMENTS, INC. DO NOT WRITE 3325 SOUTH UNIVERSITY DRIVE, SECOND FLOOR DAVIE, FL 33328-2020 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, typed or printed name of registered agent and little if applicable DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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. GENERAL PARTNER INFORMATION 12. DOCUMENT # NAME RHECA, INC. 3325 S. UNIVERSITY DRIVE, #210 STREET ADDRESS CITY-ST-ZIP **DAVIE, FL 33328** U00000752694 DOCUMENT # 05/21/07-80027-001 500.pd NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME 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: .

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER