

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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 06 JAN 19 AM 9:11

**DOCUMENT # B01000000395**

1. Entity Name  
**THE RIZZI MANAGAMENT GROUP OF SOUTHERN  
 FLORIDA LIMITED PARTNERSHIP**



Principal Place of Business

**874 WALKER ROAD  
 SUITE C  
 DOVER, DE 19904**

Mailing Address

**874 WALKER ROAD  
 SUITE C  
 DOVER, DE 19904**

*[Handwritten signature]*



01092006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**65-1009833**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**PROBST, DANIEL J  
 3300 PGA BLVD  
 SUITE 500  
 PALM BEACH GARDENS, FL 33410**

**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 # **M01000002617**  
 NAME **THE RIZZI MANAGEMENT GROUP, LLC**  
 STREET ADDRESS **14444 BOXWOOD DR**  
 CITY-ST-ZIP **PALM BEACH GARDENS, FL 334188674**

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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:**

*[Handwritten signature]*  
 To Ann To hasa

Date

Daytime Phone #

*[Handwritten date and phone number]*  
 1/10/06 561 776-5739