2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1,-2008

DOCUMENT # B01000000395

1. Entity Name

THE RIZZI MANAGAMENT GROUP OF SOUTHERN FLORIDA LIMITED PARTNERSHIP



FILED Jan 14, 2008 08:00 AN Secretary of State

Principal Place of Business

874 WALKER ROAD

SUITE C

DOVER, DE 19904

Mailing Address

874 WALKER ROAD

SUITE C

DOVER, DE 19904



DO NOT WRITE IN THIS SPACE

01092008 No Chg-LP

CR2E003 (12/06)

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

| | e named entity submits this statement for the purpose of changing tions of registered agent. | g its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept |
|---|---|---|
| SIGNATURE | Signature, typed or printed name of registered agent and title if applicable. | DATE |
| | FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$5 | 0 |
| | | ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. on the form; an amendment must be filed to change a general partner. |
| 12. | GENERAL PARTNER INFORMATION | |
| DOCUMENT # NAME STREET ADDRESS City-St-Zip | M0100002617 THE RIZZI MANAGEMENT GROUP, LLC 14444 BOXWOOD DR PALM BEACH GARDENS, FL 334188674 | - U00000784597 01/16/08-80053-018 500.00 |
| DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP | | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | DO NOT WRITE |
| DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP | | IN THIS SPACE |
| DOCUMENT I NAME STREET ADDRESS CITY-ST-ZIP | | |
| DOCUMENT ₹ | I | |

14. I hereby certify that the information supplied with this titing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is 110 and accurate and that my algusture 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:

NAME . STREET ADDRESS CITY-ST-ZIP

GEN PARTUL

0/08 276578