

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

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 JUN 10 AM 10:20



**DOCUMENT # B0200000407**  
 1. Entity Name  
 ROADS SAFE TRAFFIC, L.P.

Principal Place of Business: 12225 DISK DR, Romeoville, FL 60446  
 Mailing Address: 12225 DISK DR, Romeoville, FL 60446

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



05012008 Chg-LP CR2E003 (12/06)

6. Name and Address of Current Registered Agent  
 NRAI SERVICES, INC.  
 2731 EXECUTIVE PARK DRIVE  
 SUITE 4  
 WESTON, FL 33331

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_  
Signatures, 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**

**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 #	M07000007084	STREET ADDRESS	
NAME	ROADSAFE SERVICES, LLC	CITY - ST - ZIP	900130925739
STREET ADDRESS	12225 DISK DRIVE		06/05/08--01042--002 **500.00
CITY - ST - ZIP	ROMEDEVILLE, IL 60446		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
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: Kathleen M. Buck Holst Date: 5/5/08  
 Chief Operating Officer  
 Daytime Phone #: 815 372 2300