

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

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # B03000000328**

1. Entity Name  
**PARTNERSHIP MANAGEMENT SERVICES GROUP, LTD.**



Principal Place of Business  
**625 WALTHAM AVENUE  
ORLANDO, FL 32809**

Mailing Address  
**625 WALTHAM AVENUE  
ORLANDO, FL 32809**



02222006 No Chg-LP

CR2E003 (11/05)

4. FEI Number  
**16-1100016**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**RJDC, CORP.  
625 WALTHAM AVENUE  
ORLANDO, FL 32809**

**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 fee if applicable

**100000448266**  
**03/03/06-80008-009 500.00**

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 # **F03000004629**  
NAME **RJDC, CORP.**  
STREET ADDRESS **625 WALTHAM AVENUE**  
CITY-STATE-ZIP **ORLANDO, FL 32809**

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IN THIS SPACE**

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 #

**407-855-1136**  
**2/23/06**

STAPLE CHECK HERE