


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 APR 21 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | | | |
|---|----------------------------------|---------------------|--|--|--|
| DOCUMENT # B04000000528 1. Entity Name RRSTM LIMITED PARTNERSHIP | | | |  | |
| Principal Place of Business 601 OAK COMMONS BLVD. KISSIMMEE, FL 34741 | | | Mailing Address 601 OAK COMMONS BLVD. KISSIMMEE, FL 34741 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| BARRETT, ROBERT L M.D. 601 OAK COMMONS BLVD. KISSIMMEE, FL 34741 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| 9. Capital Contributions as Shown on record. \$1,450,697.00 | | | 10. Amount of Capital Contributions in FLORIDA to date. | | |
| 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 # | NAME | | STREET ADDRESS | | |
| NAME | BARRETT, ROBERT L TRUSTEE | | CITY-ST-ZIP | | |
| STREET ADDRESS | 8850 DARLENE DRIVE | | CITY-ST-ZIP | | |
| CITY-ST-ZIP | ORLANDO, FL 32837 | | CITY-ST-ZIP | | |
| DOCUMENT # | NAME | | STREET ADDRESS | | |
| NAME | BARRETT, SUSAN J TRUSTEE | | CITY-ST-ZIP | | |
| STREET ADDRESS | 8850 DARLENE DRIVE | | CITY-ST-ZIP | | |
| CITY-ST-ZIP | ORLANDO, FL 32837 | | CITY-ST-ZIP | | |
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| 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: _____ | | | _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> | | |
| | | | Date _____ Daytime Phone # _____ | | |



03172005 Chg-LP CR2E003 (10/03)

4. FEI Number **42-1592832** Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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