

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000034682

1. Entity Name
RLS FAMILY L.P., INC.



Principal Place of Business
1700 NO. DIXIE HIGHWAY
STE 106
BOCA RATON, FL 33432 US

Mailing Address
1700 NO. DIXIE HIGHWAY
STE 106
BOCA RATON, FL 33432 US

DO NOT WRITE IN THIS SPACE

**FILED
Mar 24, 2005 8:00 am
Secretary of State**

03-24-2005 90030 007 ***150.00



03152005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0616875	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SIMMONS, ROBERT L
1700 NORTH DIXIE HIGHWAY, STE 106
BOCA RATON, FL 33432

**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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SIMMONS, ROBERT L
STREET ADDRESS	1700 N DIXIE HWY STE 106
CITY-ST-ZIP	BOCA RATON, FL 33432

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ROBERT L. SIMMONS 3/21/05 561-362-8888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**DO NOT WRITE
IN THIS SPACE**