2002	2 UNII	LOKW ROS	INE22 KEDO	Ki	(UBK)	<u> </u>		
DOCUMENT # A000000480  1. Entity Name						FILED		
RICHARDS CAPITAL, LTD.						02 FEB 27 PM 3: 01		
Principal Place of Business 13271 SW 57 COURT MIAMI FL 33156			Mailing Address 13271 SW 57 COURT MIAMI FL 33156			SECRETARY OF STATE TALLAHASSEE, FLORIDA	111	
2. Principal P	3. Mailing Address	Address						
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			DUE BY MAY 1, 2002		
City & State			City & State			4. FEI Number 65-0998985 Applied For Not Applied	_	
Zip Country			Zip	Country		5. Certificate of Status Desired   \$8.75 Additional Fee Required		
Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent			
•					Name	•		
RICHARDS, VICTOR M					Street Address (P.O. Box Number is Not Acceptable)			
13271 SW 57 COURT								
MIAMI FL 33156								
					City	City FL Zip Code		
SIGNATURE				register	ed office or regi	gistered agent, or both, in the State of Florida.		
Signature, typed or printed name of registered agent and title if applicable.  9. Capital Contributions  10. Amount of Capital Contributions					outions	11. MAKE CHECK PAYABLE TO DEPT. OF STATE	<b>.</b>	
9. Capital Contributions as Shown on record.  \$8,000,000.00  10. Amount of Capital Contributions in FLORIDA to date					000010	SEE REVERSE SIDE FOR FEE INFORMATION		
	A G	ENERAL PARTNER T	HAT IS A BUSINESS EN	TITY M	UST BE REG	GISTERED AND ACTIVE WITH THIS OFFICE. Iment must be filed to change a general partner.		
NOTE: General Partners MAY NOT be changed on the GENERAL PARTNER INFORMATION						ADDRESS CHANGES ONLY		
DOCUMENT #	P0000020004 VSH CAPITAL, INC.			STRE	ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP	100005041941	1	
DOCUMENT # NAMÉ	1				ET ADDRESS	-03/04/0201117008 ****526.25 *****526.2	25	
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STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP			
DOCUMENT #				STRE	ET ADDRESS		$\dashv$	
STREET ADDRESS CITY-ST-Z <b>ir</b>				CITY	-ST-ZIP	Control of Original Charles I forther with the information		

14. 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 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 | Dayline Phone #