

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001874

1. Entity Name

RDP PARTNERS, LTD.

FILED

02 FEB 19 PM 4:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

C/O WILLOW LAKE ESTATES  
285 N.E. 48TH STREET  
POMPANO BEACH FL 33064

Mailing Address

C/O WILLOW LAKE ESTATES  
285 N.E. 48TH STREET  
POMPANO BEACH FL 33064

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number  
65-1096760 APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

M & W AGENTS, INC.  
2101 CORPORATE BLVD., STE 107  
BOCA RATON FL 33431

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

\$20,000,000.00

10. Amount of Capital Contributions

in FLORIDA to date. \$4,056,381.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE.  
SEE REVERSE SIDE FOR FEE INFORMATION

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 # P00000090561  
NAME RDP MANAGEMENT, INC.  
STREET ADDRESS 285 N.E. 48TH ST.  
CITY-ST-ZIP POMPANO BEACH FL 33064

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

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

Reba Danca,

(954)

SIGNATURE:

*Reba Danca*

Pres. of Corporate GP 2/14/02 421-3900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)

0009403 AT