

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000001163

1. Entity Name

R W L 2, LTD.

Principal Place of Business

629 IDLEWYLD DRIVE
FT. LAUDERDALE FL 33301

Mailing Address

629 IDLEWYLD DRIVE
FT. LAUDERDALE FL 33301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

C/O STEVEN FULLER, CPA
ADAIR, FULLER, WITCHER & MALCOM, P.A.
100 WEST CYPRESS CREEK ROAD, SUITE 1045
FORT LAUDERDALE FL 33309-2115

DUE BY MAY 1, 2002

4. FEE Number
APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOVERN, ROBERT W
629 IDLEWYLD DRIVE
FT. LAUDERDALE FL 33301

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.

\$714,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$706,860.00

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
R W L 2, LLC
629 IDLEWYLD DRIVE
FT. LAUDERDALE FL 33301

STREET ADDRESS

CITY-ST-ZIP

7000005041997--0

DOCUMENT #
NAME
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CITY-ST-ZIP

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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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1-8-02 954 914 8232

CR2E003 (9/01)

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