2000	UNIFORM BUS	INESS REP	ORT, (	(ORH	<b>i)</b>	
DOCUN 1. Entity Name	MENT # A970000009	85 .			Filikly	
RNJH Associates, Ltd.					SECRETARY OF STATE DIVISION OF CORPORATIONS	
Principal Place of Business Mailing Address					00 APR 28 AM 3: 05	
17017 Brookwood Drive Boca Raton, FL 33496						
Principal Place of Business     3. Mailing Address					<b>0</b>	
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State		City & State			4. FEI Number Applied For 65-0732743 Not Applicable	
Zip	Country	Zip	Count	гу	5. Certificate of Status Desired \$8.75 Additional Fee Required	
<del></del>	6. Name and Address of Currer	t Registered Agent			7. Name and Address of New Registered Agent	
RNJH Associates, Inc.				Name		
17017 Brookwood Drive Boca Raton, FL 33496				Street Ad	dress (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code	
The above named entity submits this statement for the purpose of changing its region.				d office or r		
			3			
SIGNATURE _	Signature, typed or printed name of registered age	nt and title if applicable (N	NOTE: Registered	Agent signatur	e required when reinstating)  DATE	
9. Capital Con- as Shown o		10. Amount of Ca in FLORIDA to	ipital Contrib o date.	utions \$2,714	11. MAKE CHECK PAYABLE TO DEPT. OF STATE  SEE REVERSE SIDE FOR FEE INFORMATION	
	A GENERAL PARTNER	THAT IS A BUSINESS I	ENTITY ME	JST BE R	EGISTERED AND ACTIVÈ WITH THIS OFFICE.	
12.	GENERAL PARTN		13.		ADDRESS CHANGES ONLY	
DOCUMENT # NAME	P97000020904 RNJH Associates, Inc.		STRE	ET ADDRESS	17017 Brookwood Drive	
STREET ADDRESS CITY-ST-ZIP			CITY	ST-ZIP	17017 Brookwood Drive  Boca Raton, FL 33496	
DOCUMENT #	Doca Raton, 11 00		STRE	ET ADDRESS	Š	
NAME STREET ADDRESS CITY-ST-ZIP			CITY-	ST-ZIP	2000032649327	
DOCUMENT #			STRE	ET ADDRESS	-05/24/0001045014 ****526.25 ****526.25	
NAME STREET ADDRESS CITY-ST-ZIP			City-	-ST-ZIP		
DOCUMENT #			STRE	et address		
STREET ADDRESS CITY-ST-ZIP			CITY-	-ST-ZIP		
DOCUMENT # NAME			STRE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-	-ST-ZIP		
DOCUMENT# NAME			STRE	ET ADDRESS	•	
STREET ADDRESS CITY-ST-ZIP	「		сіту-	-ST-ZiP		
indicated	ertify that the information supplied w on this report is true and accurate ar er or trustee empowered to execute	nd that my signature shall ha	ive the same	e legal effec	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information it as if made under oath; that I am a General Partner of the limited partnership or ites	
SIGNATURE:  SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING GENERAL PARTNER  Date  Date  Date  Date  Displaying Phone #						
Jeff J. White, President of RNJH Associates, Inc., the General Partner of RNJH Associates, Ltd.						