

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

H-97000000985

FILED

02 MAR 13 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP REINSTATEMENT
2001 UNIFORM BUSINESS REPORT
DOCUMENT # A 97000000985

1. Name of Limited Partnership
RNJH ASSOCIATES, LTD.

2. Principal Office Address 17017 BROOKWOOD DRIVE		3. Mailing Office Address 17017 BROOKWOOD DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BOCA RATON, FL		City & State BOCA RATON, FL	
Zip 33496	Country U.S.A.	Zip 33496	Country U.S.A.

6. Name and Address of Current Registered Agent

Name
RNJH ASSOCIATES, INC.

Street Address (P.O. Box Number is Not Acceptable)
17017 BROOKWOOD DRIVE

Suite, Apt. #, Etc.

City
BOCA RATON

State
FL

Zip Code
33496

4. Date Formed or Registered To Do Business in Florida
05/02/1997

5. FEI Number
65-0750944

6. CERTIFICATE OF STATUS DESIRED ☒ **\$8.75 Additional Fee required for a Certificate of Status**

7a. Capital Contributions as shown on Record:
4,950,000

7b. Amount of Capital Contributions in FLORIDA to date:

FEES:

1) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.

2) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.

3) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.

Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
RNJH ASSOCIATES, INC.	17017 BROOKWOOD DRIVE	BOCA RATON, FL 33496	P-97000020904

REINSTATEMENT
2001-2002

8000005171198--6
-03/27/02--01016--030
*****2052.50 ***2052.50**

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(f) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE **ROTH G. WHITE** *Ruth G. White* **DATE** _____

Typed or Printed Name of General Partner Signing Form _____ **Telephone Number** **1-561-451-8669**