

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000000985

1. Entity Name
RNJH ASSOCIATES, LTD.

FILED

2003 MAY 14 AM 8:30

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDAPrincipal Place of Business
17017 BROOKWOOD DRIVE
BOCA RATON, FL 33496Mailing Address
17017 BROOKWOOD DRIVE
BOCA RATON, FL 33496

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0758944

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RNJH ASSOCIATES, INC.
17017 BROOKWOOD DRIVE
BOCA RATON, FL 33496

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent, and (if applicable)

DATE

9. Capital Contributions

as Shown on record. \$4,860,000.00

10. Amount of Capital Contributions
in FLORIDA to date.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
ADDRESS
CITY-STATE-ZIP

P97000020904

RNJH ASSOCIATES, INC.
17017 BROOKWOOD DRIVE
BOCA RATON, FL 33496

STREET ADDRESS

CITY-STATE-ZIP

900018942539

05/14/03-01057-002 **526.2

DOCUMENT #
NAME
STREET ADDRESS
CITY-STATE-ZIP

STREET ADDRESS

CITY-STATE-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-STATE-ZIP

STREET ADDRESS

CITY-STATE-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-STATE-ZIP

STREET ADDRESS

CITY-STATE-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-STATE-ZIP

STREET ADDRESS

CITY-STATE-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-STATE-ZIP

STREET ADDRESS

CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(i), Florida Statutes. I further certify that the information disclosed 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

Jeffrey J. White, RNJH Associates, Inc.

5/1/03 40 561-626-2101

Date

Original Print #

STAPLE CHECK HERE

CHANGES (10/02)