


2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A97000001657

1. Entity Name
RAR ENTREPRENEURIAL FUND, LTD.

FILED
01 APR -9 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address

**4675 S.W. 74TH STREET
MIAMI FL 33143** **4840 SW 80TH STREET
MIAMI FL 33143**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **65-0769924** Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**OASIS, RUSSELL
4840 S.W. 80TH STREET
MIAMI FL 33143**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$8,000,000.00** 10. Amount of Capital Contributions in FLORIDA to date. _____

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	P95000062629 TAMIAMI TOWER CORP. 4675 S.W. 74TH STREET MIAMI FL 33143	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
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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:  3/13/01 305 667-6800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)