

# 2002 UNIFORM BUSINESS REPORT (UBR)

0009662 AT

DOCUMENT # A97000001657

FILED

1. Entity Name

RAR ENTREPRENEURIAL FUND, LTD.

02 MAY -3 AM 9:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

4675 S.W. 74TH STREET  
MIAMI FL 33143

Mailing Address

4840 SW 80TH STREET  
MIAMI FL 33143

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

65-0769924

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

7. Name and Address of New Registered Agent

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

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.

11,451,540

10. Amount of Capital Contributions in FLORIDA to date.

\$11,451,540

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 #	P95000062629
NAME	TAMIAMI TOWER CORP.
STREET ADDRESS	4675 S.W. 74TH STREET
CITY-ST-ZIP	MIAMI FL 33143
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	
CITY-ST-ZIP	500005609965--3
STREET ADDRESS	05/24/02 01035 015
CITY-ST-ZIP	***2276.25 ****526.25
STREET ADDRESS	FF \$526.25
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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:

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/30/02 305 667-6300

Date

Daytime Phone #

CR2E003 (9/01)