A99000002259

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000002259

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-01/26/01--01064--021
****150.00 ****150.00

DO NOT WRITE IN THIS SPACE

1. Entity Name
RPK ASSOCIATES, LTD.

Principal Place of Business | Mailing Address

2. Principal Place of Business	3. Mailing Address
599 W. Putnam Avenue	SAME
Suite, Apt. #, etc.: Suite 3	Suite, Apt. #, etc.:
City & State: Greenwich, CT	City & State:
Zip: 06830-6005 Country: USA	Zip: Country:

4. FEI Number: 06-1566583 — Applied For / Not Applicable

5. Certificate of Status Desired: X — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEON J WOLFE
BERMAN WOLFE RENNERT VOGEL & MANDLER
100 S.E. 2nd Street, #3500
Miami, FL 33131

7. Name and Address of New Registered Agent

Name: REGISTERED AGENTS OF FLORIDA, LLC
Street Address (P.O. Box Number is Not Acceptable): ~~100 S.E. Second Street~~
Suite 3500
City: Miami FL Zip Code: 33131

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]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record: 100.00

10. Amount of Capital Contributions in FLORIDA to date: SAME [redacted]

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	L99000009346 RPK Housing, L.L.C. 599 W. Putnam Avenue, #3 Grennwich, CT 06830-6005	STREET ADDRESS / CITY-ST-ZIP	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS / CITY-ST-ZIP	
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DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS / CITY-ST-ZIP	
DOCUMENT # / NAME / 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: [signature] David Salzman, Vice Pres. 1/16/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #