

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000002259**

1. Entity Name

RPK Associates Ltd

FILED

02 MAR 26 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

599 West Putnam Ave

3. Mailing Address

319 Clematis St

Suite, Apt. #, etc.

3

Suite, Apt. #, etc.

901

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

City & State

Greenwich CT

City & State

West Palm Beach FL

4. FEI Number

061566583

Applied For

Not Applicable

Zip

06830

Country

USA

Zip

33401

Country

USA

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Registered Agents of Florida Inc.

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

100 SE 2nd Street

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, typed or printed name of registered agent and fee is applicable

DATE

9. Capital Contributions
as Shown on record.

100.00

10. Amount of Capital Contributions
in FLORIDA to date.

Same

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

DOCUMENT # **L 99000009346**
NAME **RPK Housing, L.L.C.**
STREET ADDRESS **599 West Putnam Ave #3**
CITY-STATE-ZIP **Greenwich CT 06830**

DOCUMENT #
NAME
STREET ADDRESS
CITY-STATE-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-STATE-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-STATE-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-STATE-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-STATE-ZIP

STREET ADDRESS

CITY-STATE-ZIP

STREET ADDRESS

CITY-STATE-ZIP

STREET ADDRESS

CITY-STATE-ZIP

STREET ADDRESS

CITY-STATE-ZIP

STREET ADDRESS

CITY-STATE-ZIP

STREET ADDRESS

CITY-STATE-ZIP

STREET ADDRESS

CITY-STATE-ZIP

STREET ADDRESS

CITY-STATE-ZIP

STREET ADDRESS

CITY-STATE-ZIP

STREET ADDRESS

CITY-STATE-ZIP

STREET ADDRESS

CITY-STATE-ZIP

STREET ADDRESS

CITY-STATE-ZIP

STREET ADDRESS

CITY-STATE-ZIP

STREET ADDRESS

CITY-STATE-ZIP

STREET ADDRESS

CITY-STATE-ZIP

STREET ADDRESS

CITY-STATE-ZIP

7000005184357-4
04/03/02-01022-015
******150.00 ****150.00**

**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(b), 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 or empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DATE

DEPARTMENT OF STATE

800-333-3509