


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

J118630 MB

DOCUMENT # A99000002259

1. Entity Name
RPK ASSOCIATES, LTD.



FILED
03 APR 30 AM 11:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
599 WEST PUTNAM AVENUE, SUITE 3
GREENWICH CT 06830-6005

Mailing Address
599 WEST PUTNAM AVENUE, SUITE 3
GREENWICH CT 06830-6005



2. Principal Place of Business
319 Clematis Street

3. Mailing Address
319 Clematis Street

Suite, Apt. #, etc.
Suite 901

City & State
West Palm Beach, FL

Zip
33401

Country
USA

430

DUE BY MAY 1, 2003

4. FEI Number **06-1566583**

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

6. Name and Address of Current Registered Agent

REGISTERED AGENTS OF FLORIDA, LLC
100 S.E. SECOND STREET
MIAMI FL 33131

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$4,467,577.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$4,702,607.00**

11. **MAKE CHECK PAYABLE TO FL. 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 # NAME STREET ADDRESS CITY-ST-ZIP	L99000009346 RPK HOUSING, L.L.C. 599 WEST PUTNAM AVENUE, SUITE 3 GREENWICH CT 06830-6005
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	04/30/03--01088--006 **526.25
CITY-ST-ZIP	04/30/03--01088--006 **526.25
STREET ADDRESS	
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:  **RECEIVED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: **1/21/03** Daytime Phone #: **203-869-0900**

STAPLE CHECK HERE

CRZE003 (10/02)