

2002 UNIFORM BUSINESS REPORT (UBR)

lofa
0002794 AB

DOCUMENT # B00000000162

1. Entity Name
RCF/DEERFIELD TOWNSHIP, L.P.

FILED
02 SEP 12 AM 7:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
636 GOODSPRINGS ROAD
BRENTWOOD TN 37027

Mailing Address
636 GOODSPRINGS ROAD
BRENTWOOD TN 37027



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DUE BY SEPTEMBER 25, 2002

City & State

4. FEI Number 62-1816844

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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. \$10,000.00

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	M99000000761 RCF ENTERPRISES, LLC 636 GOODSPRINGS ROAD BRENTWOOD TN 37027	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	BK 1
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	000007986290--0 -09/24/02--01044--005 ****167.50 ****167.50
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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: Robert C. Ferguson (NAME) 9-9-02 615-377-3006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (4/02)

BOARDBOARDS 000162
FILED
SEP 12 2002
TALLAHASSEE, FLORIDA

September 8, 2002

Ms. Michelle Milligan
Division of Corporations
Registration Section
409 E. Gaines St.
Tallahassee, Fl. 32399

Re: RCF/Deerfield LP, Federal ID #62-1816844

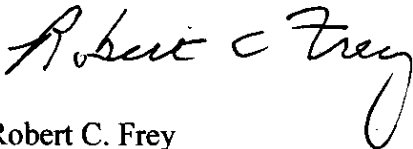
FILED
02 SEP 12 AM 7:49
TALLAHASSEE, FLORIDA

Dear Michelle,

Thank you for your help with my uniform business report filings. As we discussed, I never received notices prior to the ones I am filing, which arrived in early summer. I sincerely appreciate your honoring my request to waive the late fee associated with this filing. I assure you, we will be looking for next years forms in spring, 2003.

This request is made on behalf of RCF/Deerfield, LP, Federal ID #62-1816844.

Respectfully,



Robert C. Frey
RCF Enterprises, LLC
General Partner

BK