


**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**

**FILED
Apr 29, 2004 08:00 AM
Secretary of State**

DOCUMENT # B0100000042

1. Entity Name
RCF/BIRMINGHAM 280, L.P.



Principal Place of Business 636 GOOD SPRINGS ROAD BRENTWOOD, TN 37027	Mailing Address 636 GOOD SPRINGS ROAD BRENTWOOD, TN 37027
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<input type="checkbox"/> Principal Place of Business	<input type="checkbox"/> Mailing Address
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Suite, Apt #, etc	Suite, Apt #, etc
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City & State	City & State
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Zip	Country	Zip	Country
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04152004 Chg-LP CR2E003 (10/03)

<input checked="" type="checkbox"/> FEI Number 62-1842629	Applied For <input type="checkbox"/> Not Applicable
<input checked="" type="checkbox"/> Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

Name
Street Address (P O Box Number is Not Acceptable)
City

City	FL	Zip Code
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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 \$0.00	10. Amount of Capital Contributions in FLORIDA to date 150.00
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**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
M99000000761	RCF ENTERPRISES, LLC	636 GOOD SPRINGS ROAD	BRENTWOOD, TN 37027

13. ADDRESS CHANGES ONLY

STREET ADDRESS	CITY - ST - ZIP

U00000157632
05/06/04-80035-008 150.00

STAPLE CHECK HERE

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. Fry **4/15/04** **665-377-3006**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #