


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0018183 AB

**FILED**  
03 MAY -2 PM 7:53  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

77.000



<b>DOCUMENT #</b> B01000000042			
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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
4. FEI Number <b>62-1842629</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record. <b>\$0.00</b>		10. Amount of Capital Contributions in FLORIDA to date.	
<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>			
<b>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.</b>			
<b>12. GENERAL PARTNER INFORMATION</b>		<b>13. ADDRESS CHANGES ONLY</b>	
DOCUMENT #	M99000000761	STREET ADDRESS	
NAME	RCF ENTERPRISES, LLC	CITY-ST-ZIP	
STREET ADDRESS	636 GOOD SPRINGS ROAD		
CITY-ST-ZIP	BRENTWOOD TN 37027		
DOCUMENT #		STREET ADDRESS	000017913830
NAME		CITY-ST-ZIP	05/02/03--01106--022 **150.00
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CITY-ST-ZIP			

CR2E003 (10/02)

SAMPLE 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. [Signature] 4-15-03 377-3006  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #