


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**May 05, 2005 08:00 AM**  
**Secretary of State**

|   |                       |                     |   |   |                                |
|---|-----------------------|---------------------|---|---|--------------------------------|
| DOCUMENT # B01000000191   |                       |                     |   |                    |                                |
| 1. Entity Name<br>RCF/COOL SPRINGS, L.P.  |                       |                     |   |   |                                |
| Principal Place of Business<br>636 GOOD SPRINGS ROAD<br>BRENTWOOD, TN 37027   |                       |                     | Mailing Address<br>636 GOOD SPRINGS ROAD<br>BRENTWOOD, TN 37027 |   |                                |
| 2. Principal Place of Business  |                       | 3. Mailing Address  |   |   |                                |
| Suite, Apt. #, etc.   |                       | Suite, Apt. #, etc. |   |   |                                |
| City & State  |                       | City & State        |   | 4. FEI Number<br>03222005 Chg-LP CR2E003 (10/03)<br>62-1852369                                      |                                |
| Zip   | Country               | Zip                 | Country   | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |                                |
| 6. Name and Address of Current Registered Agent   |                       |                     | 7. Name and Address of New Registered Agent                     |   |                                |
| CORPORATION SERVICE COMPANY<br>1201 HAYS STREET<br>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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable</small>   |                       |                     |   |   |                                |
| 9. Capital Contributions as Shown on record. \$0.00   |                       |                     | 10. Amount of Capital Contributions in FLORIDA to date.         |   |                                |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>   |                       |                     |   |   |                                |
| 12. GENERAL PARTNER INFORMATION   |                       |                     | 13. ADDRESS CHANGES ONLY  |   |                                |
| DOCUMENT #  | M99000000761          |                     | STREET ADDRESS  |   |                                |
| NAME  | RCF ENTERPRISES, LLC  |                     | CITY-ST-ZIP   |   |                                |
| STREET ADDRESS  | 636 GOOD SPRINGS ROAD |                     |   | 400000362817<br>05/05/05-80132-006 150.00   |                                |
| CITY-ST-ZIP   | BRENTWOOD, TN 37027   |                     |   |   |                                |
| DOCUMENT #  |                       |                     | STREET ADDRESS  |   |                                |
| NAME  |                       |                     | CITY-ST-ZIP   |   |                                |
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| 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)(f), 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: <i>Robert C. Fry</i>   |                       |                     | ROBERT C FRY  |   | 4-8-05 377-3006                |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>   |                       |                     | <small>Date</small>   |   | <small>Daytime Phone #</small> |

STAPLE CHECK HERE