

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

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

**DOCUMENT # B01000000256**



1. Entity Name  
**RCF/LOUISVILLE, 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

04152004 Chg-LP CR2E003 (10/03)

4. FEI Number  
**95-4896142**

Applied For  
 Not Applicable

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

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

DATE

9. Capital Contributions as Shown on record **\$0.00**

10. Amount of Capital Contributions in FLORIDA to date

**150.00**

**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 # **M99000000761**  
 NAME **RCF ENTERPRISES, LLC**  
 STREET ADDRESS **636 GOOD SPRINGS ROAD**  
 CITY-ST-ZIP **BRENTWOOD, TN 37027**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

**000000157642**

**05/06/04 00035-012 150.00**

STREET ADDRESS

CITY-ST-ZIP

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:**

*Robert C. Frey*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**4/15/04 615-377-3006**

STAPLE CHECK HERE