

2001 UNIFORM BUSINESS REPORT (UBR)

0016160 AF

DOCUMENT # B99000000247
 1. Entity Name
RCF ROCKY TOP, L.P.

FILED

Principal Place of Business
**543 MIDWAY CIRCLE
 BRENTWOOD TN 37027**

Mailing Address
**543 MIDWAY CIRCLE
 BRENTWOOD TN 37027**

01 APR 23 PM 12:36

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



2. Principal Place of Business
636 Good Springs Rd
 Suite, Apt. #, etc.

3. Mailing Address
636 Goodsprings Rd
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Brentwood, TN

City & State
Brentwood, TN

Zip
37027

Country
USA

Zip
37027

Country
USA

4. FEI Number **62-6360310**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	
DOCUMENT #	M99000000761
NAME	RCF ENTERPRISES, LLC
STREET ADDRESS	543 MIDWAY CIRCLE
CITY-ST-ZIP	BRENTWOOD TN
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	636 Goodsprings Road
CITY-ST-ZIP	Brentwood, TN 37027
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	100004190621--4
CITY-ST-ZIP	-05/09/01--01060--004 ****158.75 ****158.75
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 R. Riquelme* **02/02/01**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)