2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 A.M
Secretary of State

DOCUMENT # B99000000251

1. Entity Name

O.R. GOLF PARTNERS, LTD.

Principal Place of Business	Mailing Address
100 ANCHOR DRIVE. #459 KEY LARGO FL 33037	100 ANCHOR DRIVE. #459 KEY LARGO FL 33037

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2002

4. FEI Number 06-1476398 ☐ 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
RKF HOLDINGS, INC. 100 ANCHOR DRIVE, #459 KEY LARGO FL 33037	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$100.00		

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	F99000003287	STREET ADDRESS	
NAME	RKF HOLDINGS, INC.	CITY-ST-ZIP	
STREET ADDRESS	100 ANCHOR DRIVE, #459		
CITY-ST-ZIP	KEY LARGO FL 33037		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	200005677952--1
STREET ADDRESS			-06/04/02--01072--009
CITY-ST-ZIP			****150.00 ****150.00
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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: JOHN E. D. GROUNOW, JR. 4/30/02 305-367-4280
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

STAPLE CHECK HERE

CR2E003 (9/01)