

2001 UNIFORM BUSINESS REPORT (UBR)

0016155 AF

DOCUMENT # B99000000334

1. Entity Name

RCF/GREEN HILLS, 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 Goodsprings Road
Suite, Apt. #, etc.

3. Mailing Address

636 Goodsprings Road
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Brentwood, TN

City & State

Brentwood, TN

4. FEI Number

62-1785340

Applied For

Not Applicable

Zip

37027

Country

USA

Zip

37027

Country

USA

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

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

(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

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS 636 Goodsprings Road
CITY-ST-ZIP Brentwood, TN 37027

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

~~900004190589-5~~
-05/09/01--01049--026
***158.75 ***158.75

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
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 E. [Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/2/01
Date

Daytime Phone #

CR2E003 (11/00)