

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A30046

1. Entity Name
RAICH/DRADDY, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 17 AM 11:43

Principal Place of Business
1535 PROSPERITY FARMS ROAD
LAKE PARK FL 33403

Mailing Address
1535 PROSPERITY FARMS ROAD
LAKE PARK FL 33403-2025



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0241535**

Applied For
Not Applicable

Zip Country

Zip Country

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

RAICH, NICHOLAS S
1535 PROSPERITY FARMS ROAD
LAKE PARK FL 33403

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

9. Capital Contributions as Shown on record: **\$693,000.00**

10. Amount of Capital Cont in FLORIDA to date: **0**

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 # **L65527**
NAME **ROYAL REAL ESTATE MANAGEMENT CORPORATION**
STREET ADDRESS **1535 PROSPERITY FARMS ROAD**
CITY - ST - ZIP **LAKE PARK FL 33403**

STREET ADDRESS
CITY - ST - ZIP **000003229060--3**

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STREET ADDRESS
CITY - ST - ZIP

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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: *Nicholas S Raich* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** **2-16-00** **561-848-8028**
Date Daytime Phone #