

**2002 UNIFORM BUSINESS REPORT (UBR)**

0015736 AT

DOCUMENT # **A96000001066**

1. Entity Name  
**R-M-S INVESTMENTS, LTD.**

FILED

02 MAR 21 PM 4: 05

Principal Place of Business  
**504 CLUBSIDE CIRCLE  
VENICE FL 34293**

Mailing Address  
**504 CLUBSIDE CIRCLE  
VENICE FL 34293**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business		3. Mailing Address		<b>DUE BY MAY 1, 2002</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0693907</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>SHAW, ROBERT T 731 GOLFER'S RETREAT VENICE FL 34293</b>			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			<b>FL</b>	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. <b>\$103,724.50</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 #	<b>SHAW, ROBERT T 731 GOLFER'S RETREAT VENICE FL 34293</b>	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
DOCUMENT #		STREET ADDRESS	<b>700005190907--8</b>
NAME		CITY-ST-ZIP	<b>-04/04/02--01021--020</b>
STREET ADDRESS			<b>*****526.25 *****526.25</b>
CITY-ST-ZIP			
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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: **ROBERT T. Shaw**      3/18/02      941/493-4950  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE