

**2003 LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **A0000000547**



1. Entity Name  
**FLATAUR RC, LTD.**

Principal Place of Business  
**1350 EAST NEWPORT CENTER DRIVE  
SUITE 206  
DEERFIELD BEACH FL 33442**

Mailing Address  
**1350 EAST NEWPORT CENTER DRIVE  
SUITE 206  
DEERFIELD BEACH FL 33442**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FILED

03 MAY -9 PM 3:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



City & State

City & State

4. FEI Number **65-1007686**

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**

**KAY, JAMES R  
KAY LAW OFFICES  
11505 FAIRCHILD GARDENS AVE., STE. 203  
PALM BEACH GARDENS FL 33410**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions **\$100.00** 10. Amount of Capital Contributions in FLORIDA to date.

**11. MAKE CHECK PAYABLE TO FL. 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 # **P00000025408**  
NAME **REACOM, INC.**  
STREET ADDRESS **1350 EAST NEWPORT CENTER DRIVE, STE 206**  
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

STREET ADDRESS  
CITY-ST-ZIP

**5000018636968  
05/09/03-01111-018 \*\*\*150.00**

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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: Linda G. Kassof 03/31/2003 954 428 4585**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

0003983

AV

CR2E003 (10/02)