

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVAL  
AND  
FILED

0003805  
AV

**DOCUMENT #** A00000000558

1. Entity Name  
**REACOM, 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

02 MAY 22 AM 11:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

Country

4. FEI Number  
65-1007684

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DUE BY MAY 1, 2002**

6. Name and Address of Current Registered Agent

**AKERMAN, SENTERFITT & EIDSON, P.A.**  
C/O JAMES R. KAY, SHAREHOLDER  
777 SOUTH FLAGLER DRIVE, STE 900, EAST TWR  
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name  
**KAY, JAMES R.**

Street Address (P.O. Box Number is Not Acceptable)  
**KAY LAW OFFICES**

11505 FAIRCHILD GARDENS AVE. SUITE 203

City  
**PALM BEACH GARDENS** **FL** Zip Code  
**33410**

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 *James R. Kay, President* DATE **5/21/02**

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

9. Capital Contributions as Shown on record. **\$3,700,000.00**

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 # NAME STREET ADDRESS CITY-ST-ZIP	A00000000547 FLATAUR RC, LTD. 1350 EAST NEWPORT CENTER DRIVE, SUITE 206 DEERFIELD BEACH FL 33442	STREET ADDRESS CITY-ST-ZIP	300005677253--3 -06/04/02--01041--015 ***535.00 ***535.00
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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: *James R. Kay, President* DATE: **5-25-02** DAYTIME PHONE #: **9544284584**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/01)