

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000000558

1. Entity Name  
REACOM, LTD.



FILED

03 MAY -9 AM 9:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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		DUE BY MAY 1, 2003	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1007684	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New 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 \_\_\_\_\_ DATE \_\_\_\_\_  
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 FL. 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 #	A00000000547	STREET ADDRESS	
NAME	FLATAUR RC, LTD.	CITY-ST-ZIP	
STREET ADDRESS	1350 EAST NEWPORT CENTER DRIVE, SUITE 206		
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		
DOCUMENT #		STREET ADDRESS	600018685246
NAME		CITY-ST-ZIP	05/09/03-01097-016 **535.00
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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: Linda G. Kassof SIGNATURE REQUIRED Linda G. Kassof 03/31/2003 954-428-4585  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

00039865  
AV

CR2E003 (10/02)

STAPLE CHECK HERE