

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A 0000 0000 716
1. Entity Name
 RUCHOCKI ENTERPRISES, LTN.

FILED

01 MAY -7 AM 11:49

Principal Place of Business **Mailing Address**
 9801 COLLINS AVE, STE 19-W
 BAL HARBOR, FL 33154 (SAME)

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2. Principal Place of Business **3. Mailing Address**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 2699 So. BAYSHORE DR.

DO NOT WRITE IN THIS SPACE

City & State **City & State**
 MIAMI, FL

4. FEI Number **Applied For**
 65-1063060 Not Applicable

Zip **Country** **Zip** **Country**
 33133 USA

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

6. Name and Address of Current Registered Agent
 BARRET BLECKER
 666 71 STREET
 MIAMI BEACH, FL 33141

7. Name and Address of New Registered Agent
Name BARRET BLECKER
Street Address (P.O. Box Number is Not Acceptable)
 KAUFMAN ROSSIN + CO
 2699 SO. BAYSHORE DR
City MIAMI **FL** **Zip Code** 33133

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.

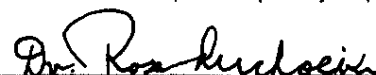
SIGNATURE  **DATE** 4/3/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. 5,000,000 **10. Amount of Capital Contributions in FLORIDA to date.** 4,000,000 **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 #	RUCHOCKI MANAGEMENT, INC.	STREET ADDRESS	
NAME	9801 COLLINS AVE, SUITE 19-W	CITY-ST-ZIP	
STREET ADDRESS	BAL HARBOR, FL 33154		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	200004375622-8
NAME		CITY-ST-ZIP	-06/07/01--01062--021
STREET ADDRESS			***526.25 ***526.25
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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:  **DATE** 4/3/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Plus of GEN'L Ptn Corp.

CRZE003 (11/00)