


FILED
 03 MAY -6 PM 1:37
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

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

DOCUMENT # A0000000716			
1. Entity Name RUCHOCKI ENTERPRISES, LTD.			
Principal Place of Business 1300 GOLFVIEW DR. EAST C/O BARRET BLECKER PEMBROKE PINES, FL 33026		Mailing Address KAUFMAN, ROSSIN & CO. 2699-60 BAYSHORE DRIVE MIAMI, FL 33133	
2. Principal Place of Business		3. Mailing Address 40 B. BLECKER	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 1300 GOLFVIEW DR. EAST	
City & State		City & State PEMBROKE PINES, FL	
Zip	Country	Zip	Country
		33026	USA
4. FEI Number 65-1063060		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BLECKER, BARRET CPA 1300 GOLFVIEW DR. EAST PEMBROKE PINES, FL 33026		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. \$5,000,000.00		10. Amount of Capital Contributions In FLORIDA to date.	
11. MAKE CHECK PAYABLE TO FL DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
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	
	RUCHOCKI MANAGEMENT, INC.		
STREET ADDRESS	1300 GOLFVIEW DR. EAST	CITY - ST - ZIP	
	PEMBROKE PINES, FL 33026		
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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: <i>Regina Matt Levin</i>		REGINA MATT LEVIN	
PRINTED AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		PEMBROKE PINES, FLORIDA, INC.	

NOJUN



DUE BY MAY 1, 2003

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