2003

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JAN -9 AM 10: 22

DOCUMENT # A00000000942

1. Entity Name

RSM FINANCIAL LIMITED

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6462 CENTRAL AVENUE	6462 CENTRAL AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST. PETERSBURG, FL	City & State: ST. PETERSBURG, FL
Zip: 33707 Country: USA	Zip: 33707 Country: USA

DUE BY MAY 1

4. FEI Number: 59-3661875 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: RALPH MIZRAHI

Street Address (P.O. Box Number is Not Acceptable)

6462 CENTRAL AVENUE

City: ST. PETERSBURG FL Zip Code: 33707

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. 950.00

10. Amount of Capital Contributions in FLORIDA to date. 950.00

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

DOCUMENT #	P00000040983
NAME	RSM Financial Corporation
STREET ADDRESS	6462 Central Avenue
CITY-ST-ZIP	St. Petersburg, FL 33707
DOCUMENT #	
NAME	
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STREET ADDRESS	**IN THIS SPACE**
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CR2E003B (12/02)

STAPLE CHECK HERE

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.

RSM FINANCIAL CORP.

SIGNATURE: _____ PRESIDENT 1-07-03 727-344-1402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #