1. Entity Nam	<del>-</del>	0001014			FILED. 2003 APR 17 PM 3: 18			5 AT
Principal Plac 1200 RIVERPLA JACKSONVILLE	ICE BLVD., SUITE 902	Mailing Address 1200 RIVERPLACE BLVD SUITE 902 JACKSONVILLE FL 32207		DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA				
2. Principal P	lace of Business	3. Mailing Address	3. Mailing Address			<b>     </b>	<b>19</b> 14 <b>91</b> 50) 11013 <b>11</b> 0191 11 <b>8</b> 11	<b>3101 (00)</b>
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DUE BY MAY 1, 2003			
City & State		City & State			4. FEI Number 59-3654625 Applied I Not Appl			
Zip	Country	Zip	Country		5. Certificate of	Status Desired	\$8.75 Addition	nal
<u> </u>	6. Name and Address of Current	Registered Agent			7. Name and Ad	Idress of New Registe	red Agent	
INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVE., SUITE 300 MIAMI FL 33131-3209				Name Street Address (P.O. Box Number is Not Acceptable)				
				City FL Zip Code				-
the obligati			apital Contri			D 11. MAKE CHECK PAYA	ATE	- STATE
	A GENERAL PARTNER T NOTE: General Partners MA	HAT IS A BUSINESS Y NOT be changed or	ENTITY M	UST BE REGIST	TERED AND AC	FIVE WITH THIS OF o change a general	FICE.	
12.	GENERAL PARTNER		13.			ADDRESS CHANGES	<del> </del>	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	A9900000644 ROCK CREEK CAPITAL II, LTD. 1200 RIVERPLACE BLVD., SUITE 902 JACKSONVILLE FL 32207		7	STREET ADDRESS  CITY-ST-ZIP				
DOCUMENT #			STRE	ET ADDRESS	04/17/03~-01071~-015 **526.25			CR2E003 (10/02)
NAME STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP	<u> </u>		<u>.                                    </u>	
DOCUMENT # NAME			STRE	EET ADDRESS	<u> </u>			
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STREET ADDRESS City-St-Zip			CITY	-ST-ZIP				
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STREET ADDRESS CITY-ST-ZIP	<u> </u>		CITY	-ST-ZIP				
DOCUMENT # NAME			STRE	ET ADDRESS		·	····	
STREET ADDRESS CITY-ST-ZIP		<u>.                                  </u>	CITY	-ST-ZIP				
<ol> <li>I hereby c indicated the receive</li> </ol>	ertify that the information supplied with on this report is true and accurate and er or trustee empawered to execute thi	this filing does not qualify that my signature shall ha s report as required by Ch	y for the exer ive the same napter 620, F	mption stated in Se e legal effect as if m Florida Statutes	ection 119.07(3)(i), f nade under oath; th	Florida Statutes. I furthe at I am a General Partn	r certify that the informer of the limited partn	mation ership or

NATURE AND TYPED OF PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE: