

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001061

1. Entity Name
RED MAPLE GROUP, LTD.



FILED

03 MAR 13 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
3799 RED MAPLE CIRCLE
DELRAY BEACH FL 33445

Mailing Address
3799 RED MAPLE CIRCLE
DELRAY BEACH FL 33445

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-1023132

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HCRM CORP.
2200 CORPORATE BLVD., N.W., SUITE 401
BOCA RATON FL 33431

Name

Miller & O'Neill, P.L.

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

2300 Glades Road, Suite 400 East

City

Boca Raton,

FL

Zip Code
33431

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

Lawrence J. Miller

Lawrence J. Miller

March 5, 2003

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions

\$999,488.00

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 # P00000064111
NAME RED MAPLE GROUP, INC.
STREET ADDRESS 3799 RED MAPLE CIRCLE
CITY-ST-ZIP DELRAY BEACH FL 33445

STREET ADDRESS

700014062417
03/13/03--01044--024 **437.50

CITY-ST-ZIP

700014062417
03/13/03--01044--025 **88.75

DOCUMENT #
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CITY-ST-ZIP

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CITY-ST-ZIP

M THOMAS

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:

Eleanor White

Eleanor White

3/5/03

561-498-7753

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE