

2001 UNIFORM BUSINESS REPORT (UBR)

0012410 AF

DOCUMENT # A00000001298

1. Entity Name

RE.K.R., L.T.D. LLP

FILED

01 APR 13 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1320 CALLE DEL SOL CIRCLE DAYTONA BEACH FL 32119	Mailing Address 1320 CALLE DEL SOL CIRCLE DAYTONA BEACH FL 32119
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 39-1022786	Applied For Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent MICHAEL D. MILLHORN, P.A. STE 204, 10935 S.E. 177TH PLACE SUMMERFIELD FL 34491	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$1,500,000.00	10. Amount of Capital Contributions in FLORIDA to date. 45,000.00	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 CITY-ST-ZIP	SCHNEIDER, ROY F TRUSTEE 1320 CALLE DEL SOL CIRCLE DAYTONA BEACH FL	STREET ADDRESS CITY-ST-ZIP	7000004044647--1 -04/23/01--01132--010 ****403.75 ****403.75
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	SCHNEIDER, ELLEN G TRUSTEE 1320 CALLE DEL SOL CIRCLE DAYTONA BEACH FL	STREET ADDRESS CITY-ST-ZIP	
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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: [Signature] 4-10-01 386-756-4382
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)