2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A0000001747 1. Entity Name								V .	
ROCARDAN LIMITED PARTNERSHIP						FILED		my '	
Principal Place of Business Mailing Address					01	APR -4 AM	IO: 1 h	U	
Principal Place of Business Mailing Address 2220 CORDOVA AVENUE* P.O. BOX 885									
VERO BEACH FL 92960* VERO BEACH FL 92961*					SECH TALL/	ETARY OF STANSSEE, FLO	TATE Orida 	11 (1841) 1881) 8781) 1881 1881	
2. Principal Place of Business 915 Old Dixie Hwy, Sw 915 Old Dixie i Suite, Apt. #, etc. 3. Mailing Address 915 Old Dixie i Suite, Apt. #, etc.				ر, دس	1 1 1 1 1 1 1 1 1 1	DO NOT WRITE IN THIS SPACE			
City & State Vero Beach, FL Vero Beach				: L		4. FEI Number Applied For Not Applied For Not Applied For			
Zin				ry		of Status Desired		8.75 Additional	
	6. Name and Address of Current R	egistered Agent			7. Name and	Address of New R	egistered A	gent	
DEIDAE 4	44 PM			Name					
PEIRCE, MARK -1815-28TH AVENUE-				Street Address (P.O. Box Number is Not Acceptable) 915 014 Dixie Hwy, Sw					
VERO BEACH FL 32960 →				City Zia Code					
The above named entity submits this statement for the purpose of changing its reg				FL 32962					
	•		,			.,			
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE; Re	gistered	Agent signature req	uired when reinstating)		DATE		
9. Capital Contributions as Shown on record. 10. Amount of Capital Contributions in FLORIDA to date. # 4,000,000 5									
	A GENERAL PARTNER TH NOTE: General Partners MAY							ner.	
12.	GENERAL PARTNER I		13.	•		ADDRESS CHA			
DOCUMENT # NAME STREET ADDRESS .	P0000106803 ROCARDAN MANAGEMENT, INC. SS 2320 CORDOVA AVENUE VERO BEACH FL 32960 -			T ADDRESS	715 Old	S Old Dixie Hwy, SW			
City-St-Zip				ST-ZIP	32962			962	
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STREET ADDRESS City-St-Zip			CITY-S	T-ZIP					
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: MINISTER REQUIRED 04/02/01 57/57 1402 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Description #									