2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

A0000001858 DOCUMENT # 1. Entity Name 03 APR -3 PM 2: 43 RLMAL, LTD. Principal Place of Business C/O MARVIN GUTTER. ESQ. Mailing Address C/O MARVIN C. GUTTER, ESQ. 100 WEST CIPRESS CREEK ROAD, SUITE 900 -100 WEST-CYPRESS CREEK-ROAD, SUITE 900 FT: LAUDE PAALE FL 33309 _ FT. LAUDERDALE FL 33309 2. Principal Place of Business 3. Mailing Address 2101 Corporate Blvd. <u>210 i Corporate</u> Blvd. Suite, Apt. #, etc. Suite, Apt. #, elc. SWTE 107 **DUE BY MAY 1, 2003** Juite 107 Applied For 4. FEI Number City & State 65-1059100 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **GUTTER, MARVIN C ESQ.** Street Address (P.O. Box Number is Not Acceptable) C/O GUTTER, JOSEPHER & RUFFIN 9100 S. DADELAND BLVD., SUITE 901 **MIAMI FL 33156** Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions \$2,500,000.00 SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. in FLORIDA to date. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. 2101 Corporate Blvd., Suite 107 P00000110806 DOCUMENT # STREET ADDRESS RLMAL, INC. NAME 100 W. CYPRESS CREEK ROAD, SUITE 900 STREET ADDRESS Boca Raton, FL 33431 CITY-ST-ZIP FT. LAUDERDALE FL 33309 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 600015290016 CITY-ST-ZIP <u>04/03/03--01046--002 **526.25</u> DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-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



CR2E003 (10/02)