

2002 UNIFORM BUSINESS REPORT (UBR)

CUJ1908
AR

DOCUMENT # A01000000562

1. Entity Name

BERGMAN FAMILY LIMITED PARTNERSHIP

FILED

02 SEP 18 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

24 N. SEWALL'S POINT ROAD
STUART FL 34996

24 N. SEWALL'S POINT ROAD
STUART FL 34996

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY SEPTEMBER 25, 2002

4. FEI Number

65 1097190

Applied For

Not Applicable

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

SOPKO, JAMES ESQUIRE

853 S.E. MONTEREY COMMONS BOULEVARD

STUART FL 34996

Name

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

City

FL

Zip Code

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.

DATE

9. Capital Contributions
as Shown on record.

\$3,400,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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 # P01000040621
NAME RNRB HOLDINGS, INC.
STREET ADDRESS 24 N. SEWALL'S POINT ROAD
CITY-ST-ZIP STUART FL 34996

STREET ADDRESS

CITY-ST-ZIP

600007986646--7
-09/24/02--01044--017

*****526.25 *****526.25

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

BK

CR2E003 (4/02)

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

1-770-283-0000

9/8/02

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

9-10-02
AV1000000562

Dear Buck,

Thank you for your
personal attention to
report.

FILED
02 SEP 18 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

As I mentioned, we
never received the original
January 2001 mailing.

Please find the enclosed
amount of \$526.25 per
your instruction.

Please contact us at
our cell # 216-374-2000 should
you have any further
questions.

Sincerely,
The Bergmans