

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

FILED
Mar-08-2004 08:00 AM
Secretary of State

DOCUMENT # A01000000927	
1. Entity Name RBE INVESTMENTS, LTD., LLLP	

Principal Place of Business 100 NORTH STARCREST DRIVE CLEARWATER FL 33765	Mailing Address 100 NORTH STARCREST DRIVE CLEARWATER FL 33765
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E003 (11/03)

4. FEI Number 59-3745488	☐ Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent RBE MANAGEMENT, INC. 100 NORTH STARCREST DRIVE CLEARWATER FL 33765

7. Name and Address of New Registered Agent
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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$21,000,000.00	10. Amount of Capital Contributions in FLORIDA to date. 21,000,000	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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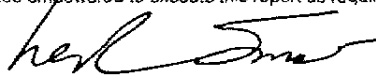
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
P01000059284	RBE MANAGEMENT, INC. ✓		
STREET ADDRESS	100 NORTH STARCREST DRIVE		
CITY-ST-ZIP	CLEARWATER FL 33765		
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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:  **LES R SMOUT** **3-4-04** **727-461-1524**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #