
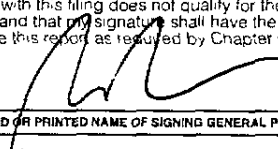


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # A01000001171					
1. Entity Name RM UA REDEVELOPMENT, LTD.					
Principal Place of Business C/O ROSS REALTY INVESTMENTS, INC. 3325 SOUTH UNIVERSITY DRIVE, SUITE 210 DAVIE, FL 33328			Mailing Address C/O ROSS REALTY INVESTMENTS, INC. 3325 SOUTH UNIVERSITY DRIVE, SUITE 210 DAVIE, FL 33328		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc			Suite, Apt. #, etc		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent ROSS, BARRY C/O ROSS REALTY INVESTMENTS, INC. 3325 SOUTH UNIVERSITY DRIVE, SUITE 210 DAVIE, FL 33328			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 _____ <small>Signature: typed or printed name of registered agent, and true if applicable</small>					
9. Capital Contributions as Shown on record. \$2,100,000.00			10. Amount of Capital Contributions 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.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P99000076478		STREET ADDRESS		
NAME	ROSS MATZ INVESTMENTS, INC.		CITY - ST - ZIP		
STREET ADDRESS	3325 S. UNIVERSITY DRIVE, SUITE 210				
CITY - ST - ZIP	DAVIE, FL 33328				
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS					
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STREET ADDRESS					
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.					
SIGNATURE: 			BARRY ROSS		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date: 4-28-04 Daytime Phone #: 954-452-5700		



04132004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-1135567 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

UG00000158221
05/07/04-80012-021 526.25

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