


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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**DOCUMENT #** A01000001408


**1. Entity Name**  
RACK FAMILY LTD.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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**Principal Place of Business**  
1182 EAST NEWPORT CENTER DRIVE  
DEERFIELD BEACH FL 33442

**Mailing Address**  
1182 EAST NEWPORT CENTER DRIVE  
DEERFIELD BEACH FL 33442

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**DUE BY MAY 1, 2003**

**4. FEI Number** 65-1146166

	Applied For
	Not Applicable

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

**6. Name and Address of Current Registered Agent**

RACK, GARY J  
1182 EAST NEWPORT CENTER DRIVE  
DEERFIELD BEACH FL 33442

**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.

<b>9. Capital Contributions</b> as Shown on record. <b>\$860,000.00</b>	<b>10. Amount of Capital Contributions</b> in FLORIDA to date.	<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE</b> <b>SEE REVERSE SIDE FOR FEE INFORMATION</b>
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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 #	RACK, GARY J	STREET ADDRESS	
NAME	1182 EAST NEWPORT CENTER DRIVE	CITY - ST - ZIP	
STREET ADDRESS	DEERFIELD BEACH FL 33442		
CITY - ST - ZIP			
DOCUMENT #	RACK, VIDEL W	STREET ADDRESS	
NAME	1182 EAST NEWPORT CENTER DRIVE	CITY - ST - ZIP	
STREET ADDRESS	DEERFIELD BEACH FL 33442		
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
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CITY - ST - ZIP			

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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:** SIGNATURE REQUIRED 2/24/03 954-281-0020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (10/02)