

# 2002 UNIFORM BUSINESS REPORT (UBR)

0010885 AT

DOCUMENT # A01000001557

1. Entity Name

RHF LOVENLUND ASSOCIATES, LTD.

FILED

02 JUL -1 AM 8:58

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



Principal Place of Business

516 NORTHEAST 13TH STREET  
FT. LAUDERDALE FL 33304

Mailing Address

516 NORTHEAST 13TH STREET  
FT. LAUDERDALE FL 33304

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1156445

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JACKSON, ROBERT O  
516 NORTHEAST 13TH STREET  
FT. LAUDERDALE FL 33304

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

\$100.00

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 # L01000020357  
NAME RHF LOVENLUND, LLC  
STREET ADDRESS 516 NORTHEAST 13TH STREET  
CITY-ST-ZIP FT. LAUDERDALE FL 33304

STREET ADDRESS

CITY-ST-ZIP

500006224445--9

-07/05/02--01056--013

\*\*\*\*150.00 \*\*\*\*150.00

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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

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)