

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0012527  
AT

DOCUMENT # A02000000007

1. Entity Name  
RF CONSTRUCTION LENDERS, LTD.



FILED

2003 FEB 27 AM 11:44

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



Principal Place of Business  
7965 LANTANA RD  
LAKE WORTH FL 33467

Mailing Address  
P.O. BOX 540623  
LAKE WORTH FL 33454

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number 02-0545692

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

GARY SMIGIEL LC  
7965 LANTANA RD  
LAKE WORTH FL 33467

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. \$3,000.00

10. Amount of Capital Contributions  
in FLORIDA to date. 43,000.00

11. MAKE CHECK PAYABLE TO FL. 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 # L93000000238  
NAME GARY SMIGIEL LC  
STREET ADDRESS 7965 LANTANA RD  
CITY-ST-ZIP LAKE WORTH FL 33467

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # P00000103016  
NAME CH CONCLUTING INC  
STREET ADDRESS 6823 VISTA PARKWAY N  
CITY-ST-ZIP WEST PALM BEACH FL 33411

STREET ADDRESS

CITY-ST-ZIP

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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:

SIGNATURE REQUIRED

2-21-03

161-9283605

Date

Daytime Phone #

CR2E003 (10/02)