1/2/33 (56// 395-0200 Daytime Phone #

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

SIAPLE UMEUN MEME

SIGNATURE:

DOCUMENT # A0200001136  1. Entity Name EL CLAIR LTD					FILED 03 APR 29 AM 10: 35	
Principal Place of Business 4800 N. FEDERAL HWY. SUITE 307B BOCA RATON FL 33431 US  Mailing Address 4800 N. FEDERA 5UITE 307B SUITE 307B BOCA RATON FL 33431 US			ERAL HWY.		SECKETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal Place of Business 3. Mailing Address					2 realight form office than South both both south death realist that	
Suite, Apt. #, etc. Suite, Apt. #, etc.					DUE BY MAY 1, 2003	
City & State		City & State	City & State		4. FEI Number Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired	
	6. Name and Address	of Current Registered Agent			7. Name and Address of New Registered Agent	
CAP SER	VICE CORPORATION		.   '	Name		
4800 N. FEDERAL HWY.				Street Address (P.O. Box Number is Not Acceptable)		
SUITE 307B						
BOCA RATON FL 33431			-	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 67 EOO OO 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE						
as shown of record. 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.		AL PARTNER INFORMATION	13.	<del></del>	1000TF\$2\\059\\1	
DOCUMENT # NAME	P01000111027 RK VENTURES INCORPORATED 4800 N. FEDERAL HWY., SUITE 307B BOCA RATON FL 33431		STREET A	ADDRESS	04/29/0301017007 **88.75	
STREET ADDRESS CITY-ST-ZIP			CITY-ST-	-ZiP	100017230961 04/29/0301017~-006 **437.50	
DOCUMENT #			STREET A	ADDRESS	047 C37 U3=-U1011~-U00 ***431, 3U	
NAME STREET ADDRESS CITY-ST-ZIP			CITY-ST-	- ZIP		
DOCUMENT /			STREET A	DDRESS		
NAME STREET ADDRESS			CITY-ST-	-ZIP		
DOCUMENT #			STREET A	DDRESS	<del></del>	
NAME STREET ADDRESS			CITY-ST-	-		
DOCUMENT #			011-31-	) h		
NAME			STREET A	DDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-ST-	ZIP		
DOCUMENT # NAME		STREET A	DDRESS			
STREET ADDRESS CITY-ST-ZIP			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 regal 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 mapter 620, Florida Statutes						