1 of 2

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

12/3 2003

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A02000001675

1. Entity Name
RFW FAMILY LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
9423 SOUTH OCEAN DRIVE, UNIT #82 JENSEN BEACH, FL 34957	4078 BATTERSEA ROAD COCONUT GROVE, FL 33133

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: 76-0721337 ☐ Applied For ☐ Not Applicable

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
WILLIAMS, ROY FRANCIS 4078 BATTERSEA ROAD COCONUT GROVE, FL 33133	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.

9. Capital Contributions as Shown on record. **$20,000.00**

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 #	P02000128864	STREET ADDRESS	
NAME	RFW FAMILY MANAGEMENT COMPANY, INC.	CITY-ST-ZIP	
STREET ADDRESS	9423 SOUTH OCEAN DRIVE, UNIT 82	STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH, FL 34957	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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REINSTATEMENT 2003

CR2E063 (10/02)

STAPLE CHECK HERE

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] 4/29/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

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Roy F. Williams

4078 Battersea Road
Coconut Grove, Florida 33133

November 25, 2003

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Attn: Michelle Hodges, Document Specialist

RE: RFW Family Limited Partnership
Reference Number: A02000001675
Letter Number: 203A00034153

Dear Michelle,

Please find enclosed the UBR for the RFW Family Limited Partnership with the missing FEI number (76-0721337). Accordingly, please void the Inactive Status at your earliest convenience. I apologize for the delay. Please advise if there is anything I need to do further. Thank you in advance.

Sincerely,

Roy F. Williams