2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A04469						The state of the s	
REYCO NO. 1, LTD.						FILED	
Principal Place of Business Mailing Address						01 MAY -7 AM 11: 48	
2650 COURTNEY CAMPBELL CAUSEWAY. #1120 A650 COURTNEY CAMPBELL TAMPA FL 33607 TAMPA FL 33607					L CAUS	EWAY. #1120	SECRETARY OF STATE TALLAHASSEE, FLORIDA
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE
City & State			City 8	City & State			4. FEI Number Applied For Not Applied For Not Applied For
Zip	ip Country		Zip	Zip C		try	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent						Name	7. Name and Address of New Registered Agent
							pec (P.O. Boy Number is Not Accontable)
7650 COUNTRY CAMPBELL CAUSEWAY, #1120							ess (P.O. Box Number is Not Acceptable)
TAMPA FL 33607						30,+	
						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 W. Andrew Krusen S. 4-27-01 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
9. Capital Contributions as Shown on record. \$80,000.00 10. Amount of Capital in FLORIDA to da					ate.	· · ·	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 PARTNE	R INFORMA	TION	13.		ADDRESS CHANGES ONLY
IMC	STREET ADDRESS 7650 COURTNEY CAMPBELL CAUSEWAY,			T CORP.		ET ADDRESS	•
STREET ADDRESS 76						-ST-ZIP	
DOCUMENT# NAME					STRE	ET ADDRESS	0000043842202
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Date

Date

Date

Date

Description

De