2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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1. Entity Name RBL ASSOCIATES, LTD.





Principal Place of Business C/O KLEIN REALTY GROUP, INC. 1700 MARKET ST. SUITE 2600 PHILADELPHIA PA 19103

2. Principal Place of Business

Mailing Address C/O KLEIN REALTY GROUP. INC. 1700 MARKET ST. SUITE 2600 PHILADELPHIA PA 19103

3. Mailing Address

-	L	E	

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



Suite, Apt. #, etc.		Suite, Apt. #, etc.		DUE BY MAY 1, 2003						
City & State		City & State		JU 1333020				Applied For		
Zip		Country	Zip	Country		E Cartificate of	f Chatria Daniza d	\$8	.75	Not Applicable Additional
Ž			<u> </u>		5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent					
6Name and Address of Current Registered Agent					Name	Name and A	address of New Hegi	stered Age	nt <u>zwa</u>	
OSWÁLD,	, KENNETH	F					•			
- 600 COURTLAND STREET, SUITE-110 Street Address (P.O. Box Number is Not Acceptable)										
ORLANDO FL 32804										
			(City	FL Zip Code					
			the purpose of changing its	registered	office or regis	stered agent, or both,	in the State of Florida	ı. I am fami	liar wi	th, and accept
the obligations of registered agent.										
SIGNATURE -	Signature, typed	or printed name of registered agent a	nd title if applicable.					DATE		
	Capital Contributions as Shown on record. \$9,400.00 10. Amount of Capital Contributions in FLORIDA to date.				ions	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATI 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 CHANG	ES ONLY		
DOCUMENT #	G93585	, DODATION		STREET A	AODRESS					
· · · · · · · · · · · · · · · · · · ·	NAME STREET ADDRESS CITY-ST-ZIP RBL CORPORATION 1700 MARKET STREET, 2600 PHILADELPHIA PA 19103			<u> </u>	חל חכיל וות		16 **	111	25	
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NAME STREET ADDRESS		•								
CITY-ST-ZIP				CITY-ST-	ZIP					
14. Thereby of indicated	ertify that the	information supplied with	this filing does not qualify for hat my signature shall have t	the exempt	tion stated in	Section 119.07(3)(i), if made under oath: the	Florida Statutes, I furt	ther certify t	hat the	e information

the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes