

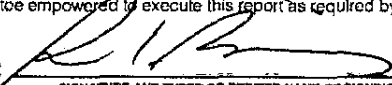


FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # A21360 1. Entity Name R THREE PARTNERS, LTD.				Jan 20, 2005 08:00 Secretary of State	
Principal Place of Business 8118 SUMMIT RIDGE LANE JACKSONVILLE, FL 32216		Mailing Address 8118 SUMMIT RIDGE LANE JACKSONVILLE, FL 32216			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01112005 Chg-LP CR2E003 (10/03)	
City & State		City & State		4. FEI Number 59-2467140 Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HELOW, GEORGE 8118 SUMMIT RIDGE LANE JACKSONVILLE, FL 32258			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$1,764,000.00		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 # NAME STREET ADDRESS CITY - ST - ZIP	HELOW, GEORGE 8118 SUMMIT RIDGE LANE JACKSONVILLE, FL		STREET ADDRESS CITY - ST - ZIP		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	HELOW, JOSEPH 8118 SUMMIT RIDGE LANE JACKSONVILLE, FL		STREET ADDRESS CITY - ST - ZIP	000000185196 01/21/05-80007-007 526.25	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	G93078000068 R SQUARED PARTNERS %1003 MIDWEST CLUB RD OAK BROOK, IL		STREET ADDRESS CITY - ST - ZIP		
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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: 			1/12/05 230-655-0739		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		