

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A21670**

1. Entity Name

RLC GEORGIA, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 20 AM 3:05




DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O THE ALLEN MORRIS COMPANY 1000 BRICKELL AVENUE, SUITE 300 MIAMI FL 33131	Mailing Address C/O THE ALLEN MORRIS COMPANY 1000 BRICKELL AVENUE, SUITE 300 MIAMI FL 33131-3004
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number	Applied For
Zip	Country	Zip	Country

NOT APPLICABLE	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORRIS, W. ALLEN
% THE ALLEN MORRIS COMPANY
1000 BRICKELL AVE., SUITE 300
MIAMI FL 33131

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record.	\$1,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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

DOCUMENT #	BELL, JAMES F., JR.
NAME	1000 BRICKELL AVE.#300
STREET ADDRESS	MIAMI FL
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	000003241580--4
CITY - ST - ZIP	-05/05/00--01096--021
	***141.25 ***141.25

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:  DATE: 1/18/2000 DAYTIME PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/99)