2001 UNIFORM BUSINESS REPORT (UBR

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DOCU 1. Entity Nan	MENT #	A2404	6		,			`	· ()	11016 AF
HOBE SOUND, RRH, LTD.							ILED	,	N	חד
Principal Place of Business Mailing Address						01 NA	R 27 AH 7:	06	V	
20721 S.W. 46TH AVE NEWBERRY FL 32669			20721 S.W. 46TH AVE NEWBERRY FL 32669			SECRE TALLAH	TARY OF STATASSEE, FLOR	TE 1da Hill Hill Hill	85814 81841 81815 81851 1 86	ì
2. Principal Place of Business			3. Mailing Address			- 		ilih birih rashi		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State			· City & State			4. FEI Number	59-2519698		Applied For Not Applicat	_
Zip Country			Zip Country			5. Certificate of	f Status Desired		3.75 Additional e Required	
	6. Name and	Address of Current	Registered Agent			7. Name and	ddress of New Re	gistered Ago	ent	_
					Name					
DAVIS, NORITA V 20721 S.W. 46TH AVE					Street Address (P.O. Box Number	is Not Acceptable)			
NEWBERRY FL 32669							•			7
					City	•		FL	Zip Code	
8. The above	e named entity sul	omits this statement fo	r the purpose of changing its	register	ed office or register	ed agent, or both	in the State of Flori	da.		
SIGNATURE .	Signature, typed or pri	nted name of registered agent a	and title if applicable. (NOTE	: Registere	d Agent signature required	when reinstating)		DATE		
9. Capital Co as Shown	ontributions	\$981,300.00	10. Amount of Capital	al Contril			11. MAKE CHECK SEE REVERSE	PAYABLE TO	DEPT. OF STATE	
	A GEN NOTE: G	IERAL PARTNER T	HAT IS A BUSINESS EN Y NOT be changed on th	TITY M	UST BE REGIST ; an amendmen	TERED AND AC	TIVE WITH THIS	OFFICE.	er.	
12.		GENERAL PARTNER		13.			ADDRESS CHAN			
DOCUMENT # NAME STREET ADDRESS	DAVIS, RONNIE C 20721 SW 46TH AVE.				EET ADDRESS					E003 (11/00)
CITY-ST-ZIP	NEWBERRY F			CITY	-ST-ZIP					
DOCUMENT # NAME				STRE	ET ADDRESS					8
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP					
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STREET_ADDRESS CITY-ST-ZIP				CITY-	-ST-ZIP					
DOCUMENT # NAME				STRE	ET ADDRESS					
STREET ADDRESS City-St-Zip					·ST-ZIP					
14. I hereby c indicated the receive	certify that the info on this report is to er or trustee emp	rmation supplied with rue and accurate and to owered to execute this	this filing does not qualify for that my signature shall have the report as required by Chapte	the exer he same er 620, F	mption stated in Sec legal effect as if m Florida Statutes	ction 119.07(3)(i), ade under oath; t	Florida Statutes. I funat I am a General F	arther certify arther of the	that the information limited partnership	or

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Nousie C. Davis, General

SIGNATURE: