

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 APR -8 PM 3:05

1. Name of Limited Partnership

1a. DOCUMENT #
A25788

RDC LIVE OAK LTD.



Mailing Address

% LAWRENCE A. LEVINE, ESQ.
4300 N. UNIVERSITY DR., SUITE E-207
FT. LAUDERDALE FL 33351

Principal Office Address

% LAWRENCE A. LEVINE, ESQ.
4300 N. UNIVERSITY DR., SUITE E-207
FT. LAUDERDALE FL 33351

3. Date Formed or Registered

12/31/1987

5a. Capital Contributions as
Shown on record.

\$9,500.00

3a. Date of Last Report

01/07/1997

5b. Amount of Capital
Contributions in FLORIDA
to date:

2. Mailing Address

4300 N University Dr
Suite, Apt #, etc.
A 106

2a. Principal Office Address

4300 N University Dr
Suite, Apt #, etc.
A 106

City & State

Ft Laud FL

Zip Country

33351

City & State

Ft Laud FL

Zip Country

33351

4. State or Country of Formation

DE

6. FEI Number

65-0014241

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

LEVINE, LAWRENCE A.
4300 N. UNIVERSITY DR.
SUITE E-207
FT. LAUDERDALE FL 33351

10. If changed, new Registered Agent/Office

Name

Levine, Lawrence A.

Street Address (P.O. Box Number Is Not Acceptable)

4300 N University Dr

Suite, Apt #, etc.

A 106

City

Ft Lauderdale FL

Zip Code

33351

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

RDC 102 CORPORATION

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

4300 N UNIVERSITY DR

11b. City, State & Zip Code

FT. LAUDERDALE FL

11c. Registration/
Document Number

J16517

100002485531--3
-04/10/98--01115--003
****170.25 ****170.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE

Typed or Printed Name of General Partner Signing Form

Lawrence A. Levine

DATE

4/6/98

Daytime Telephone Number

954 745 6700

CR2E003 (6/97)