

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0011645 AT

DOCUMENT # **A25788**

1. Entity Name  
**RDC LIVE OAK LTD.**



**FILED**

**03 MAY 22 AM 8:00**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**4300 N. UNIVERSITY DR., SUITE A-106  
FT. LAUDERDALE FL 33351**

Mailing Address  
**4300 N. UNIVERSITY DR., SUITE A-106  
FT. LAUDERDALE FL 33351**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**DUE BY MAY 1, 2003**

4. FEI Number **65-0014241**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEVINE, LAWRENCE A.  
4300 N. UNIVERSITY DR., SUITE A-106  
FT. LAUDERDALE FL 33351**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record. **\$9,500.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
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 CHANGES ONLY

DOCUMENT # **J16517**  
NAME **RDC 102 CORPORATION**  
STREET ADDRESS **4300 N UNIVERSITY DR 207**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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STREET ADDRESS

CITY-ST-ZIP

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: \_\_\_\_\_

**Signature and Typed or Printed Name of Signing General Partner**  
**Lawrence A Levine**  
**Pres of RDC**

Date

Daytime Phone #

CR2E003 (10/02)

PLEASE CHECK HERE