

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1999**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

99 JAN -5 PM 1:54

1. Name of Limited Partnership

1a. DOCUMENT #
A25965

RDC POOLER LIMITED PARTNERSHIP



Mailing Address

4300 N. UNIVERSITY DR., SUITE 1-106
FORT LAUDERDALE FL 33351

Principal Office Address

4300 N. UNIVERSITY DR., SUITE 1-106
FORT LAUDERDALE FL 33351

3. Date Formed or Registered

02/19/1988

3a. Date of Last Report

04/08/1998

5a. Capital Contributions as
Shown on record.

\$4,803.75

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

2. Mailing Address

4300 N University Dr

Suite, Apt. #, etc.

A 106

City & State

FL Lauderdale, FL

Zip

33351

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State or Country of Formation

FL

6. FEI Number

65-0032390

☐ 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., ESQ.
4300 N. UNIVERSITY DR., SUITE A106
FORT LAUDERDALE FL 33351

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

FL

Zip Code

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)

CRESTVIEW SERVICE CORP.

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

4300 N UNIVERSITY DR

11b. City, State & Zip Code

FORT LAUDERDALE FL

11c. Registration/
Document Number

L98163

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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(2)(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

DATE

12/21/98

Typed or Printed Name of General Partner Signing Form

Lawrence A Levine

Daytime Telephone Number

957 749 6700

CR2E003 (8/98)