

2001 UNIFORM BUSINESS REPORT (UBR)

0013592 AF

DOCUMENT # A25965

1. Entity Name
RDC POOLER LIMITED PARTNERSHIP

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

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

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.


City & State

Zip Country

FILED

01 APR 27 PM 3:53

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0032390** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent
**LEVINE, LAWRENCE A., ESQ.
4300 N. UNIVERSITY DR., SUITE A-106
FORT LAUDERDALE FL 33351**

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. **\$4,803.75**

10. Amount of Capital Contributions in FLORIDA to date.

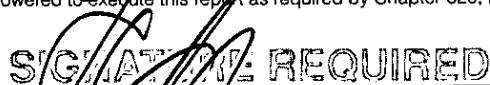
11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 # L98163	NAME CRESTVIEW SERVICE CORP.	STREET ADDRESS	
STREET ADDRESS 4300 N UNIVERSITY DR	CITY-ST-ZIP FORT LAUDERDALE FL	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
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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 REQUIRED**

4/25/01 954 744-6705

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)