2001 UNIFORM BUSI	NESS REPO	RT (UBR)			
DOCUMENT # A26635 1. Entity Name			.,,.,	and the second s		
R.D.J. 3 INVESTORS, LTD.				FILED		
Principal Place of Business Mailing Address 5421 S.W. 154TH COURT 5421 S.W. 154TH COURT MIAMI FL 33185 US Mailing Address Mailing Address US Mailing Address US				01 APR 13 PM 12: 35 SECRETARY OF STATE TALLAMARITHE THARMAN III III III III III III III III III I	1	
Principal Place of Business 3. Mailing Address						
Suite, Apt. #, etc.	Suite, Apt. #, etc.	pt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State City & State				4. FEI Number	_	
Zip Country	Zip Cou		y 	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 Name			
RINCON, JAIME 5421 S.W. 154 COURT MIAMI FL 33166		-	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	d office or regist	ered agent, or both, in the State of Florida.		
SIGNATURE				red when reinstating). DATE		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: He Openital Contributions 10. Amount of Capital C			Agent signature requir LITIONS	11. MAKE CHECK PAYABLE TO DEPT. OF STATE	\neg	
as Shown on record. \$/10,428-61 in FLORIDA to date.		ITITY MU	JST BE REGIS	SEE REVERSE SIDE FOR FEE INFORMATION STERED AND ACTIVE WITH THIS OFFICE.	_	
NOTE: General Partners MA	NOT be changed on the	he form;	an amendme	ent must be filed to change a general partner. ADDRESS CHANGES ONLY		
12. GENERAL PARTNER INFORMATION DOCUMENT # M86036 NAME JIM'S MANAGEMENT CORP. STREET ADDRESS CITY-ST-ZIP MANAGEMENT COURT MANAGEMENT C			T ADDRESS			
		CITY-S	ST-ZIP	V-		
DOCUMENT #	IMENT /		T ADDRESS	300004037433		
NAME STREET ADDRESS CITY-ST-ZIP		CITY-S	ST-ZIP	300004037423 04/23/0101011012 ****526.25 *****526.	- []	
DOCUMENT # NAME		- STREE	T ADDRESS			
STREET ADDRESS CITY-ST-ZIP		CITY-	ST-ZIP			
DOCUMENT # NAME		STREE	T ADDRESS			
STREET ADDRESS CITY-ST-ZIP		CITY-	ST-ZIP			
DOCUMENT # NAME		STREE	T ADDRESS			
STREET ADDRESS CITY-ST-ZIP		CITY-	ST-ZİP			
DOCUMENT #		STREE	ET ADDRESS			
MAME STREET ADDRESS CITY-ST-ZIP	r-zip		ST-ZIP			
14. I hereby certify that the information supplied with indicated on this report is true and accurate and the receiver or trustee empowered to execute this	this filing does not qualify fo hat my signature shall have report as required by Chap	or the exen the same oter 620, F	nption stated in legal effect as i lorida Statutes	Section 119.07(3)(i), Florida Statutes. I further certify that the information from the firmate of the limited partnership is a general Partner of the limited partnership.	in ip or	

SIGNATURE:

ame Hane DE QUEED

105 22003 #3 Daytime Phone #