2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A29833 1. Entity Name					FILED
FINANCIAL CONSULTANTS, LTD.				02 APR 17 PM 4: 03	
Principal Place of Business Mailing Address					SECRETARY OF STATE TALLAHASSEE, FLORIDA
200 EAST BROWARD BLVD. 200 EAST BROWARD BLVE FT. LAUDERDALE FL 33301 FT. LAUDERDALE FL 33301					IMPLANASSEE FEORIDA
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Principal Place of Business 3. Mailing Address			_		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DUE BY MAY 1, 2002
City & State		City & State			4. FEI Number 65-0188485 Applied For Not Applicable
Zip Country		Zip	Country		5. Certificate of Status Desired See Required
6. Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent
RB INVES	RB INVESTMENT GROUP, INC.				
200 EAST BROWARD BLVD.				Street Address	s (P.O. Box Number is Not Acceptable)
FT. LAUDERDALE FL 33301				Ca	
				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 Signature, typed or printed name of registered agent and title if applicable.					
9. Capital Contributions as Shown on record. 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE in FLORIDA to date.					
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.				i, all alliending	ADDRESS CHANGES ONLY
DOCUMENT# NAME	K87002 RB INVESTMENT GROUP, INC		STRE	ET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	200 E. BROWARD BLVD. FT. LAUDERDALE FL 33301		CITY	-ST-ZIP	5000053093055 -04/19/0201081019
DOCUMENT# NAME			STRE	ET ADDRESS	****141.25 ****141.25
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STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP	
DOCUMENT # NAME			STRE	ET ADDRESS	
STREET ADDRESS CITY-ST-ZIP				-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 (954)					
the receiver or trustee empowered to execute this report as reported by Chapter 620, Florida Statutes (954) SIGNATURE: 4-8-02 527-2428					