

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A29991**

1. Entity Name

ROLLING HILLS INTERNATIONAL COUNTRY CLUB, LTD.

FILED

02 APR 30 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 3501 W. ROLLING HILLS CIRCLE DAVIE FL 33328	Mailing Address 3501 W. ROLLING HILLS CIRCLE DAVIE FL 33328
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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, 2002	
4. FEI Number 65-0186020	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
MACAULAY, ROBERT ESQ 2200 SUNTRUST INTERNATIONAL CENTER ONE SE THIRD AVE MIAMI FL 33131	

7. Name and Address of New Registered Agent	
Robert Macaulay, Esquire	
2200 Suntrust International Center One S.E. Third Avenue	
City Miami,	FL Zip Code 33131

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	\$250,000.00	10. Amount of Capital Contributions in FLORIDA to date.	\$159,501.46	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # NAME STREET ADDRESS CITY-ST-ZIP	L66952 ROLLING HILLS INT CC, INC 3501 W ROLLING HILLS CIR DAVIE FL 33328	STREET ADDRESS	
		CITY-ST-ZIP	
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		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: *Nobuaki Kasai* **Nobuaki Kasai** 4/26/02 954-475-0400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

001386 AT

CR2E003 (9/01)

STAPLE CHECK HERE