

2000 UNIFORM BUSINESS REPORT (UBR)

8 335

DOCUMENT # A30831

1. Entity Name
CRESTWOOD RRH, LTD.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -7 AM 9:47

Principal Place of Business
20721 S.W. 46TH AVE.
NEWBERRY FL 32669

Mailing Address
20721 S.W. 46TH AVE.
NEWBERRY FL 32669-4714



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **59-3041372** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
DAVIS, RONNIE C.
5700 SOUTHWEST 34TH STREET, SUITE 1307
GAINESVILLE FL 32608

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. **\$5,636,494.00**

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

DOCUMENT #	DAVIS, RONNIE C.
NAME	5700 S.W. 34TH ST., #1307
STREET ADDRESS	GAINESVILLE FL
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	900003136479--8
CITY - ST - ZIP	-02/15/00--01118--016
STREET ADDRESS	****535.00 ****535.00
CITY - 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

SIGNATURE: **SIGNATURE REQUIRED** *Ronnie C. Davis, Gen. Partner*

Date **1/26/00** Daytime Phone # **(352) 472-3952**

CR2E003 (9/99)