2000	UNIFORM	BUSINESS	REPORT	(UBR
	Altii Aliii	200111200		1

DOCUMENT # A31 1. Entity Name	618	· ·	FILEU	5
RIO VISTA PARTNERS, LTD.	v)	•	SECRETARY OF STATE DIVISION OF CORPORATIONS	
Principal Place of Business ATTN: DONALD A. HAAS 1617 RIDGEWOOD AVENUE, SUITE F HOLLY HILL FL 32117	Mailing Address ATTN: DONALD A. H 1617 RIDGEWOOD AV HOLLY HILL FL 32117	enue. Suite f	00 FEB - 7 AM 9: 47	
2. Principal Place of Business	3. Mailing Address	. <u>.</u>		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	····	DO NOT WRITE IN THIS SPACE	
City & State	City & State		4. FEI Number 59-3075115 Applied Not App	
Zip Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required	
6. Name and Address of Cu	irrent Registered Agent	Name	7. Name and Address of New Registered Agent	
BÜRNETT, RANDOM R'ESQUIRE 501 N. GRANDVIEW AVE. DAYTONA BEACH FL 32118			(P.O. Box Number is Not Acceptable) RIDGEWOOD AVE. LY HILL FL Zip Code 3211	7
SIGNATURE Signature, typed or printed name of registere as Shown on record. A GENERAL PARTY SIGNATURE Signature A GENERAL PARTY A GENERAL PARTY SIGNATURE A GENERAL PARTY A GENERAL PARTY A GENERAL PARTY A GENERAL PARTY	d significant state if applicable. (i) 10. Amount of Cain FLORIDA to THAT IS A BUSINESS	NOTE: Registered Agent signature require apital Contributions o date.	11. MAKE CHECK PAYABLE TO DEPT. OF STA' SEE REVERSE SIDE FOR FEE INFORMATI TERED AND ACTIVE WITH THIS OFFICE.	
NOTE: General Partne	rs MAY NOT be changed o	n the form; an amendme	nt must be filed to change a general partner. ADDRESS CHANGES ONLY	
12. GENERAL PAI DOCUMENT # S10082 NAME STREET ADDRESS CITY-ST-ZIP HOLLY HILL FL		STREET ADDRESS CITY-ST-ZIP	300003136523	LD CR2E003 (9/99)
DOCUMENT#		STREET ADDRESS	-02/15/0001118024 ****148.25 ****141.25	- 8 - 8
NAME STREET ADDRESS	<u>.</u>	CITY-ST-ZIP		
CITY-ST-ZIP DOCUMENT# NAME		STREET ADDRESS		
STREET ADDRESS CITY - ST - 2IP	•	CITY-ST-ZIP		
DOCUMENT# NAME		STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP		
DOCUMENT # NAME		STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP		
DOCUMENT #		STREET ADDRESS		
STREET ADDRESS		CITY-ST-ZIP		
14. I hereby certify that the information supplied indicated on this report is true and accurate the receiver or trustee empowered to execute.	ed with this filing does not qualifite and that my signature shall hat ute this eport as required by C	y for the exemption stated in Save the same legal effect as if napter 620, Florida Statutes	Section 119.07(3)(i), Florida Statutes. I further certify that the inform made under oath; that I am a General Partner of the limited partne	ation rship or