

2002 UNIFORM BUSINESS REPORT (UBR)

000512 AI

DOCUMENT # A31618

1. Entity Name
RIO VISTA PARTNERS, LTD.

FILED
02 FEB - 8 AM 8:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business ATTN: DONALD A. HAAS 1617 RIDGEWOOD AVENUE, SUITE F HOLLY HILL FL 32117	Mailing Address ATTN: DONALD A. HAAS 1617 RIDGEWOOD AVENUE, SUITE F HOLLY HILL FL 32117
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

DUE BY MAY 1, 2002

4. FEI Number **59-3075115** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

ROTH, JOSEPH A
1617 RIDGEWOOD AVENUE
HOLLY HILL FL 32117

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

9. Capital Contributions as Shown on record. **\$8,500.00**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	S10082 RIO VISTA OFFCE CNTR, INC 1617 RIDGEWOOD AVE., #F HOLLY HILL FL	STREET ADDRESS	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		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]* **RECEIVED** **1-8-02 386-677-3104**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)