


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0004152 AV

DOCUMENT # A33504

1. Entity Name
RENDATA LIMITED PARTNERSHIP



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 FEB -5 PM 12:06
W 2/7

Principal Place of Business
**3800 WASHINGTON ROAD, #403
WEST PALM BEACH FL 33405**

Mailing Address
**P.O. BOX 182
PALM BEACH FL 33480**



2. Principal Place of Business
1911 Embassy Dr.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 182
Suite, Apt. #, etc.

City & State
West Palm Beach, FL

City & State
Palm Beach, FL

Zip
33401

Country
USA

Zip
33480

Country
USA

DUE BY MAY 1, 2003

4. FEI Number **65-0369458**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**DIEHART, EWALD J
1911 EMBASSY DRIVE
WEST PALM BEACH FL 33401**

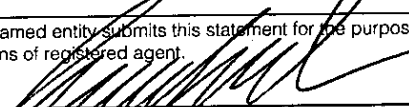
7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **1/27/03**

9. Capital Contributions as Shown on record. **\$3,492,487.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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	V64234 RENDATA INCORPORATED 3800 WASHINGTON ROAD WEST PALM BEACH FL 33405	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:  **DATE REQUIRED** **1/27/03** **682-1707**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE