

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

MJM
0006295
AT

DOCUMENT # A93000000659

1. Entity Name
ROCK CREEK PARTNERS, LTD.



FILED

03 MAY -6 PM 8:39

SECRETARY OF STATE
TALLAHASSEE FLORIDA



Principal Place of Business
1200 RIVERPLACE BOULEVARD
SUITE 902
JACKSONVILLE FL 32207

Mailing Address
1200 RIVERPLACE BOULEVARD
SUITE 902
JACKSONVILLE FL 32207

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3187964

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

Name

M. Ashton Hudson

Street Address (P.O. Box Number is Not Acceptable)

1200 Riverplace Blvd.

Suite 902

City

Jacksonville

FL

Zip Code
32207

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 *Charles Hudson*
Signature, typed or printed name of registered agent and title if applicable.

4/14/03
DATE

9. Capital Contributions as Shown on record. \$100,000,000.00

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 DAHL, JAMES H
STREET ADDRESS 1200 RIVERPLACE BLVD. SUITE 902
CITY-ST-ZIP JACKSONVILLE FL 32207

STREET ADDRESS

CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

William L. Dahl

4/30/03
Date

904-393-7020
Daytime Phone #

CR2E003 (10/02)