2002 UNIFORM BUSINESS REPORT (UBR)

DOCU		3000000865		3		9539 A
ROCK & RAN HOLDINGS, LTD.					FILED	
Principal Place of Business 1724 VESTAL DRIVE CORAL SPRINGS FL 33071		Mailing Address 1724 VESTAL DRIVE CORAL SPRINGS FL 33	*		FILED 2002 FEB 25 PH 3: 41 FALLAHASSEE FLOORS	
Principal Place of Business 3. Mailing Address					-	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DUE BY MAY 1, 2002	
City & State		City & State			4. FEI Number 65-0431885 Applied For Not Applicable	
Zip Country		Zip	Country		5. Certificate of Status Desired	4
	6. Name and Address of 0	Current Registered Agent		Name	7. Name and Address of New Registered Agent	┨
KRAMER, ROBERT M C/O KRAMER & ZUCKERMAN, P.A.					(P.O. Box Number is Not Acceptable)	-
40000 HC	OLLYWOOD BLVD., SUITE 4	485 SO.				_
HOLLYWOOD FL 33021				City FL Zip Code		
8. The above	named entity submits this state	ement for the purpose of changing i	ts register	ed office or registe	ered agent, or both, in the State of Florida.	1
SIGNATURE.	Signature, typed or printed name of registr	ered agent and title if applicable.			DATE	
9. Capital Co as Shown	on record. \$\frac{\partial 200_{\partial 0}}{2}\$	III LONIDA IO	date.		11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	k.
	A GENERAL PART NOTE: General Partn	TNER THAT IS A BUSINESS E ters MAY NOT be changed on	NTITY N the form	TUST BE REGIS n; an amendmei	TERED AND ACTIVE WITH THIS OFFICE. nt must be filed to change a general partner.	
12.		PARTNER INFORMATION	13.		ADDRESS CHANGES ONLY]_
DOCUMENT # NAME	GRASSO, RANDY B		STRI	EET ADORESS	-deutstands	R2E003 (9/01)
STREET ADDRESS CITY-ST-ZIP	CORAL SPRINGS FL 330	71	CITY	r-ST-ZIP		RZE00
DOCUMENT # NAME STREET ADDRESS			STRI	EET ADDRESS	- 9000050442897	- 7
CITY-ST-ZIP DOCUMENT #			CITY	r-ST-ZIP	-03/05/0201062019 ****526.25 ****526.25	-
NAME - STREET ADDRESS		ي مياسو د خ وي مياسو د چون	STRI	EET ADORESS	and any contract the same of the contract of t	
CITY-ST-ZIP			CITY	-ST-ZIP		_
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NAME STREET ADDRESS			STR	EET ADDRESS		-
CITY-ST-TIP		<u></u>	CITY	'-ST-ZIP		-
NAME 1	1		STRE	EET ADDRESS		1
STREET ADDRESS CITY-ST-ZIP				'-ST-ZIP		
indicatéd	on this report is true and accur	blied with this filing does not qualify the rate and that my signature shall have ecute this report as required by Charles (A)	e the same	e legal effect as if r	ection 119.07(3)(i), Florida Statutes. I further certify that the information made under oath; that I am a General Partner of the limited partnership o	r
SIGNAT		TYPED ON PRINTED NAME OF SIGNING GENE	PARTNE RAL PARTNE	US)	0/-23-2002 753 7242 Date Date Daytime Phone #	