2000	UNIFORM	BUSINESS	REPORT ((UBR)
LVVV		POSITION		. — ,

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DOCUMENT # A9300001118 1. Entity Name					?FILEO	
TREASURE COAST INVESTORS, LTD.					SECRETARY OF STATE ODIVISION OF CORPORATIONS	
Principal Plac	e of Business	Mailing Address			00 JUN 21 PM 1: 29	
200 LAURA S		200 LAURA STREET			n	
JACKSONVILL		JACKSONVILLE FL 322	202-3500			
					L CORDEN PARE TRACE CHAN BOTH CORD FROM CORD CORE INCOMPANION AND THE CORE	
2 Oringinal D	Inno of Business	3. Mailing Address				
2. Principal Place of Business 3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State City & State			·	4. FEI Number		
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent		
				Name		
				Street Address (P.O. Box Number is Not Acceptable)		
	A STREET					
JACKSON	WILLE FL 32202			City	Zip Code	
	•			The last state of the last sta		
8. The above	named entity submits this statement	or the purpose of changing	its register	ed office or registe	ered agent, or both, in the State of Florida.	
SIGNATURE .						
	Signature, typed or printed name of registered ager	t and title if applicable. (N		d Agent signature require	ed when reinstating) DATE 11. MAKE CHECK PAYABLE TO DEPT. OF STATE	
Capital Co as Shown	on record.	in FLORIDA to	date.		SEE REVERSE SIDE FOR FEE INFORMATION	
<u></u>	A GENERAL PARTNER NOTE: General Partners M	THAT IS A BUSINESS E AY NOT be changed on	ENTITY-M	IUST BE REGIS 1: an amendmer	STERED AND ACTIVE WITH THIS OFFICE. nt must be filed to change a general partner.	
12.	GENERAL PARTNE		13.	· · · · · · · · · · · · · · · · · · ·	ADDRESS CHANGES ONLY	
DOCUMENT#			STR	EET ADDRESS		
NAME RRC GENERAL SPC, INC. STREET ADDRESS 121 W. FORSYTH ST., SUITE 200						
CITY-ST-ZIP	JACKSONVILLE FL 32202		CITY	'-ST-ZIP		
DOCUMENT#			STR	EET ADDRESS	7000000171771	
NAME STREET ADDRESS			**		7000033171771 -07/10/0001014010	
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CITY-ST-ZIP		the state of the s			Coston 110 07/0V/) Florido Chetrido I funtan acultir that the information	
indicated	on this report is true and accurate an	d that my signature shall ha	ve the sam	e legal effect as if i	Section 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 or	
ine receiv	ver or trustee empowered to execute t	nis report as required by Ch	apier ozu,	i ionua statutes		
SIGNAT	URE: KAVAG DOO	URE PEQUI	M.D	Dean	4/25/00	
JIGITAI		OR PRINTED NAME OF SIGNING GEN	ERAL PARTNI	ER	Date Daytime Phone #	