2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

A94000001283 **DOCUMENT #**

1. Entity Name

5R RANCH LIMITED PARTNERSHIP



Principal Place of Business 1752 ABC ROAD LAKE WALES FL 33853

Mailing Address 1752 ABC ROAD

LAKE WALES FL 33853

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. APPRUYE. AND

03 JAH -8 PM 12: 17

SECRETARY OF STATE FALLAHASSEE, FLORIDA



DUE BY MAY 1, 2003

City & State City & State 4. FEI Number Applied For 34-1267016 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired --- : 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DYKXHOORN, JACOB C PETERSON MYERS CRAIG CREWS BRANDON Street Address (P.O. Box Number is Not Acceptable) 130 EAST CENTRAL AVENUE LAKE WALES FL 33853 City 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

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

9. Capital Contributions as Shown on record.

\$4,319,006.97

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

12.	GENERAL PARTNER INFORMATION	1	go a gonoral partitol.
DOCUMENT #	GENERAL FARTNER INFOAMATION	13.	ADDRESS CHANGES ONLY
NAME STREET ADDRESS	RUPP, RICK R	STREET ADDRESS	
CITY-ST-ZIP	4602 COUNTRY ROAD 19 WAUSEON OH 43567	CITY-ST-ZIP	1) } \
DOCUMENT # NAME	RUPP, RUSS J	STREET ADDRESS	01708/08=7010057-072 ***5262.50
STREET ADDRESS CITY-ST-ZIP	203 APPLE TREE LANE WAKARUSA IN 46573	CITY-ST-ZIP	
DOCUMENT / NAME		STREET ADDRESS	
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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: REQUIRES J.R upp General 1-04-03

SIGNATURE AND THE AND THE PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Date