LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 MAY 28 AM 10:11

DOCUMENT # A94000001483

1. Entity Name
Biscayne Bay Townhomes, Ltd.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1823 Flower St	1823 Flower St.
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: Sarasota, FL 34239	City & State: Sarasota, FL.
Zip: 34239 Country: USA	Zip: 34239 Country: USA

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

4. FEI Number — Applied For ☐ Not Applicable ☐

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Louis Charbonnet, III & Hank Hicks Esq.

Street Address (P.O. Box Number is Not Acceptable): 799 Brickell Plaza

City: Miami FL Zip Code: 33131

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.

SIGNATURE: _____ 4/30/02
Signature, typed or printed name of registered agent and title if applicable — DATE

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
1,000.00	1000.00	

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

DOCUMENT #	P94000070147
NAME	RHTC Development Company
STREET ADDRESS	1823 Flower St.
CITY-ST-ZIP	Sarasota, FL 34239
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	500005693265--5
CITY-ST-ZIP	-06/06/02--01003--008
	****526.25 ****526.25
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CITY-ST-ZIP	DO NOT WRITE
STREET ADDRESS	IN THIS SPACE
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CITY-ST-ZIP	

CR2E003B (12/01)

STAPLE CHECK HERE

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.

941.957.1454

SIGNATURE: _____ Pres. 4/30/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #