				/IIDD
2001	UNIFORM	<b>BUSINESS</b>	REPORT	(ARK

SIGNATURE:

DOCUMENT # A9400001855  1. Entity Name					5				а 8	
RYTHER PROPERTIES, LTD.					F	ILED R 23 PM I	2: 41			w
Principal Place of Business Mailing Address				01	Al.	K 62 '	ATE			
5903 MOUNT EAGLE DRIVE. #1409 5		5903 MOUNT EAGLE DRI ALEXANDRIA VA 22303	5903 MOUNT EAGLE DRIVE. #1409  SECRE TAILA			TARY OF ST HASSEE, FL	ORIDA			
				·						1
Principal Place of Business     3. Mailing Address								11111 IIIII 11111 IIII		11
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE						
City & State		City & State			4. FEI Number	65-0547385		Applied Fo Not Applic		
Zìp	Country	Zip	Cour	ntry		5. Certificate of	of Status Desired		8.75 Additional ee Required	
	6. Name and Address of Current	Registered Agent				7. Name and	Address of New Re	egistered A	jent	
*				Name	_					
DARNELL, 2033 MAIN	ROBERT W I ST			Street Ac	dress (F	P.O. Box Number	is Not Acceptable	) 		
SARASOTA	A FL 34237			City				FL	Zip Code	
8. The above	named entity submits this statement fo	the purpose of changing it	s register	ed office or	register	ed agent, or both	, in the State of Flo	rida.	<u> </u>	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO	TÉ: Registere	, od Agent signatu	re required	when reinstating)		DATE		
9. Capital Co		10. Amount of Cap		butions	- 6	<u>, —</u>			O DEPT. OF STATE FEE INFORMATION	
as Silowin	A GENERAL PARTNER T NOTE: General Partners MA	HAT IS A BUSINESS FI	NTITY M	UST BE F	REGIST	ERED AND A	CTIVE WITH THIS	S OFFICE.		
12.	GENERAL PARTNER		13.		lumen	t must be med	ADDRESS CHA	NGES ONLY	,	
DOCUMENT #	GENERAL TRACTICAL		STR	FET ADDRESS						00/
	RYTHER, PHILIP I 5903 MOUNT EAGLE DRIVE, #14	09		-ST-ZiP					<del></del>	CR2E003 (11/00)
CITY-ST-ZIP	ALEXANDRIA VA 22303									— JRZE
NAME	RYTHER, GARY R		STR	EET ADORESS	•	10	00004	<del>[62</del> 3	3 <del>61</del> 1	
STREET ADDRESS CITY-ST-ZIP	11411 POPLAR RIDGE ROAD RICHMOND VA 23236		CITY	/-ST-ZIP	<b></b> .		-05/08/ ****14	'0101 1.25	081006 ****141.25	_
DOCUMENT # NAME		_	STR	EET ADDRESS			-		·	
STREET ADDRESS CITY-ST-ZIP	-		CIT	/-ST-ZIP						
DOCUMENT # NAME		,	STR	EET ADDRESS						
STREET ADDRESS CITY-ST-ZIP			. CITA	r-st-zip						
DOCUMENT # NAME			STR	EET ADDRESS						
STREET ADDRESS CITY-ST-ZIP			CIT	/-ST-ZIP					· · · · · · · · · · · · · · · · · · ·	
DOCUMENT # NAME			STR	EET ADDRESS			•			
STREET ADDRESS CITY-ST-ZIP			cin	/-ST-ZiP						
indicated	certify that the information supplied with on this report is true and accurate and yer or trustee empowered to execute thi	that my signature shall have	e the sam	e legatreffed	ct as it m	ection 119.07(3)(i nade under oath;	), Florida Statutes. I that I am a Genera	I Partner of t	fy that the information limited partnersh	np or [