

2001 UNIFORM BUSINESS REPORT (UBR)

0014876 AF

DOCUMENT # A95000000658	
1. Entity Name RS-SUNSET LAKE, LTD.	
Principal Place of Business 20 COSMOPOLITAN DR., UNIT 4 LEHIGH ACRES FL 33936	Mailing Address 20 COSMOPOLITAN DR., UNIT 4 LEHIGH ACRES FL 33936
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

FILED

2001 MAY 11 PM 4:00

**DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number 65-0573969	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BUTLER, GAREY F HUMPHREY & KNOTT, P.A. 1625 HENDRY STREET, #301 FT. MYERS FL 33901		7. Name and Address of New Registered Agent Name Joseph E. Adams, Attorney Street Address (P.O. Box Number is Not Acceptable) 410 Becker & Poliakoff PA 13515 Bell Tower Drive Suite 101 City Fort Myers FL Zip Code 33907	
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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 Joseph E. Adams DATE 4/30/01
(NOTE: Registered Agent signature required when restating)

9. Capital Contributions as Shown on record. \$485,800.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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			13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP	
P95000012383	RS-COSMOPOLITAN RESIDENCE, INC.	20 COSMOPOLITAN DR., UNIT 4	LEHIGH ACRES FL 33936	
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP	
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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: SIGNATURE REQUIRED SCROLL ROBERT **4-4-01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (11/00)