2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9600000437

1. Entity Name R & C PARTNERS, LTD.



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Principal Place of Business Mailing Address P.O. BOX 510169 P.O. BOX 510169 KEY COLONY BEACH FL 33051-0169 KEY COLONY BEACH FL 33051-0169 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2003** City & State Applied For City & State 4. FEI Number 65-0657537 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCIARRETTA. STEVEN A ESQUIRE Street Address (P.O. Box Number is Not Acceptable). 2300 GLADES ROAD SUITE 302E **BOCA RATON FL 33431** 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 =11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions \$850,000.00 in FLORIDA to date. as Shown on record. 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 a general partner. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12 13. DOCUMENT # STREET ADDRESS THOMPSON, RICHARD L NAME 788815177997 P.O. BOX 510169 STREET ADDRESS CITY-ST-ZIP 04/02/03--01053--019 KEY COLONY BEACH FL 33051-0169 CITY-ST-ZIP DOCUMENT # STREET ADDRESS THOMPSON, CHARLOTTE H NAME P.O. BOX 510169 STREFT ADDRESS CITY-ST-ZIP KEY COLONY BEACH FL 33051-0169 CITY~ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREFT ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

gen part.

3-30-03 305-743-591

Daytime Phone #

CR2E003 (10/02)