

2001 UNIFORM BUSINESS REPORT (UBR)

0019766 AF

DOCUMENT # **A96000000996**

1. Entity Name

RAC/KKR/LP FLORIDA, LTD.

FILED

01 APR 16 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

10800 BISCAYNE BLVD., PENTHOUSE
MIAMI FL 33161

Mailing Address

2701 ALTON PARKWAY
ATTN TAX DEPT.
IRVINE CA 92606



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2701 Alton Parkway

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Irvine, CA

City & State

4. FEI Number

65-0752680

Applied For

Not Applicable

Zip

92606-5149

Country

USA

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$10,000.00

10. Amount of Capital Contributions in FLORIDA to date.

\$10,000.00

11. MAKE CHECK PAYABLE TO 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 a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # L96000000572
NAME RAC/KKR/GP FLORIDA LLC
STREET ADDRESS 10800 BISCAYNE BLVD., PENTHOUSE
CITY-ST-ZIP MIAMI FL 33161

STREET ADDRESS 2701 Alton Parkway
CITY-ST-ZIP Irvine, CA 92606-5149

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STREET ADDRESS
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CITY-ST-ZIP

14. I hereby certify that the information supplied with this form 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Robert T. Trebing, Jr.

Date

4/4/01

Daytime Phone #

949/757-7900

CR2E003 (11/00)