

# 2002 UNIFORM BUSINESS REPORT (UBR)

0010882 AT

**DOCUMENT #** **A96600001736**  
 1. Entity Name  
**RM ASSOCIATES, LTD.**

FILED  
 02 APR 26 AM 11:01  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



Principal Place of Business      Mailing Address  
**301 - 174TH STREET, #1017**      **301 - 174TH STREET, #1017**  
**NORTH MIAMI BEACH FL 33160**      **NORTH MIAMI BEACH FL 33160**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

**DUE BY MAY 1, 2002**  
 4. FEI Number **65-0694554**  
 Applied For  Not Applicable

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

**6. Name and Address of Current Registered Agent**  
**FEUERMAN, JONATHAN ESQ.**  
**% SUNTRUST INTERNATIONAL CENTER, #2400**  
**1 SE 3RD AVENUE**  
**MIAMI FL 33131**

**7. Name and Address of New Registered Agent**  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$702,900.00**

10. Amount of Capital Contributions in FLORIDA to date.

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	
DOCUMENT #	<b>P96000078018</b>
NAME	<b>RUTH MORGENSTERN ENTERPRISES, INC.</b>
STREET ADDRESS	<b>301 - 174TH STREET, #1017</b>
CITY-ST-ZIP	<b>NORTH MIAMI BEACH FL 33160</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
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DOCUMENT #	
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STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>300005450073--8</b>
CITY-ST-ZIP	<b>-05/03/02--01058--010</b> <b>*****526.25 *****526.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E003 (9/01)

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: Ruth Morgenstern (Ruth Morgenstern)      Date: 4/19/02      Daytime Phone #: (305) 935-0580