## 2003 LIMITED PARTNERSHIP **UNIFORM BUSINESS REPORT (UBR)**

FILED A96000002117 DOCUMENT # 03 HAY -6 PH 8: 50 1. Entity Name RICKER LIMITED PARTNERSHIP SECRETARY OF STATE TALLAHASSEE FLORIDA Mailing Address
1400 COUNTRY CLUB DRIVE Principal Place of Business 1400 COUNTRY CLUB DRIVE **BOCA RATON FL 33428 BOCA RATON FL 33428** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2003** 4. FEI Number 65-0718506 City & State City & State Applied For Not Applicable Zip Country 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 RICKER, DAN Street Address (P.O. Box Number is Not Acceptable) 1400 COUNTRY CLUB DR **BOCA RATON FL 33428** 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 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 9. Capital Contributions \$600,000.00 in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. 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 RICKER, DANIEL J NAME 22785 SW 77 AVE., #201 STREET ADDRESS CITY-ST-7IP **BOCA RATON FL 33428** CITY-ST-ZIP DOCUMENT # STREET ADDRESS <u>000018298600</u> 05/06/03--01080--006 \*\*526.25 NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT: STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS

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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

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Daytime Phone #

CR2E003 (10/02)