2001 UNIFORM BUSINESS REPORT (UBR)

FILED
01 JUN -8 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A96000002456

1. Entity Name

R.C. STEVENS, LTD.

Principal Place of Business	Mailing Address
3333 Lawrence Street Orlando, FL 32805	3333 Lawrence Street Orlando, FL 32805

2. Principal Place of Business		3. Mailing Address	
3333 Lawrence Street		3333 Lawrence Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Orlando, FL		City & State: Orlando, FL	
Zip: 32805	Country: US	Zip: 32805	Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3430582 — Applied For / Not Applicable

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
Keating, Timothy M. 3333 Lawrence Street Orlando, FL 32805	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. 80.00

10. Amount of Capital Contributions in FLORIDA to date. 80.00

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 #	202885	STREET ADDRESS	
NAME	R.C. Stevens Construction Co,	CITY-ST-ZIP	300004419493--1
STREET ADDRESS	3333 LawrenceSStreet		-06/14/01--01043--022
CITY-ST-ZIP	Orlando, FL 32805		*****88.75 *****88.75
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	300004419493--1
STREET ADDRESS			-06/14/01--01043--023
CITY-ST-ZIP			*****52.50 *****52.50
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (11/00)

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] 04/26/01 (407) 294-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #