CR2E003 (10/02)

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

A97000000481 DOCUMENT # FILED RES HOLDINGS, LTD. 03 APR 10 AM 11:38 Principal Place of Business 3400 NE 34TH ST. SUITE 101 Mailing Address 3400 NE 34TH ST, SUITE 101 FT LAUDERDALE FL 33308 FT LAUDERDALE FL 33308 2. Principal Place of Business . 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2003** 4. FEI Number 65-0727375 City & State City & State Applied For 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 SAMMOUNT, INC. Street Address (P.O. Box Number is Not Acceptable) 3400 NE 34TH ST, SUITE 101 FT LAUDERDALE FL 33308 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, typed or printed name of registered agent and title if applicable. 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE \$100.00 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 12. ADDRESS CHANGES ONLY P97000001450 DOCUMENT # STREET ADDRESS SAMMOUNT, INC. NAME 3400 NE 34TH ST, SUITE 101 STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33308 CITY-ST-ZIP - 800015640488 04/10/03--01029--015 **15 DOCUMENT # STREET ADDRESS - **150.00 NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME M THOMAS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP

quality 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 in the receiver or trustee empowered to execute this report as required 14. I hereby certify that the information supplied with this filing does ne same legal effect as if made under oath; that I am a General Partner of the limited partnership or er 620, Florida Statutes

SIGNATURE:

CITY-ST-ZIP