


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001416	
1. Entity Name RLS GROUP ONE, LTD.	

FILED
03 MAY -5 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 121 W. FORSYTH ST., SUITE 810 JACKSONVILLE FL 32202	Mailing Address 121 W. FORSYTH ST., SUITE 810 JACKSONVILLE FL 32202
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DUE BY MAY 1, 2003	
4. FEI Number 59-3455645	Applied For <input type="checkbox"/> Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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F&L CORP. 200 LAURA STREET JACKSONVILLE FL 32202	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City

FL	Zip Code
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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 _____	DATE _____
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9. Capital Contributions as Shown on record. \$50,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	P97000056453	STREET ADDRESS	
NAME	RLS CONSULTING & INVESTMENTS, INC.	CITY-ST-ZIP	
STREET ADDRESS	121 W. FORSYTH ST., SUITE 810		
CITY-ST-ZIP	JACKSONVILLE FL 32202		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

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: <i>George R. Brookshire</i>	DATE: <i>4/29/03</i>	DAYTIME PHONE #: <i>904-353-5993</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		