2001 UNIFORM BUSINESS REPORT (UBR)							009433
DOCUMENT # A9700001484  1. Entity Name							Ā
RODAR EQUIPMENT, LTD.				;		LED	''
Principal Place of Business 3654 CYPRESS STREET TAMPA FL 33607		Mailing Address 3654 CYPRESS STREET TAMPA FL 33607		01		29 AM 11: 00	
				S T.A	ECRET <i>!</i> (LLAHA	RY OF STATE SSEE, FLORIDA (1444)	
2. Principal Place of Business		3. Mailing Address		\			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE	
City & State		City & State				4. FEI Number Applied For Not Applicable	
Zip	Country	Zip	Coun	itry		5. Certificate of Status Desired	
6. Name and Address of Current Registered Agent				Name		7. Name and Address of New Registered Agent	
KOEGLER, STEVEN C					<del></del>	P.O. Box Number is Not Acceptable)	
10151 DEERWOOD PARK BLVD.				-			
BUILDING 100, SUITE 410 JACKSONVILLE FL 32256				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:	Registere	d Agent sign	nature required	when reinstating) DATE	
Suprisde Contributions     as Shown on record.     Second of the Contributions as Shown on record.     Second of the Contributions as Shown on record.     Second of the Contribution					- Carolina (Carolina Carolina	11. MAKE CHECK PAYABLE TO DEPT. OF STATE	
as shown	A GENERAL PARTNER	THAT IS A BUSINESS ENT	ITY M	UST BE	REGIST	SEE REVERSE SIDE FOR FEE INFORMATION ERED AND ACTIVE WITH THIS OFFICE.	
NOTE: General Partners MAY NOT be changed on the  12. GENERAL PARTNER INFORMATION				; an an	tenamen	ADDRESS CHANGES ONLY	_
	P97000047714 RODAR UPCHARGE, INC. 3654 CYPRESS STREET			ET ADDRES	s	-02/08/0101034011	) (1) (1)
CITY-ST-ZIP  DOCUMENT #	TAMPA FL 33607		-	-31-211	<u> </u>	****\$26.25 ****526.25	
NAME			STRE	ET ADDRES	s.		)
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DOCUMENT #			STRE	ET ADDRESS	;		
STREET ADDRESS CITY-ST-ZIP			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: SQUATURE AND TYPED OR PRINTED AND OF SIGNING GENERAL PARTNER Die Dayling Phone #							
		F		- 1			