2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9700002019 1. Entity Name							
RANDOLPH ENTERPRISES OF TENNESSEE, LTD.					FILED		
Principal Place of Business 1015 BLUEWATER DRIVE SUN CITY CTR FL 33573 Mailing Address 1015 BLUEWATER DRIVE SUN CITY CTR FL 33573 SUN CITY CTR FL 33573					, , , , , , , , , , , , , , , , , , ,	2002 APR 29 AM 10: 26 DIVIJION OF CORPORATIONS TALLAHASSEE, FLORIDA	
Principal Place of Business 3. Mailing Address							
<u> </u>							
Suite, Apt. #, etc. Suite, Apt. #, etc.						DUE BY MAY 1, 2002	
City & State			City & State			4. FEI Number 59-3478912 Applied For Not Applicable	
Zip Country			Zip	Country		5. Certificate of Status Desired . \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent					Name	7. Name and Address of New Registered Agent	
RANDOLPH, WINSTON D					Street Address (P.O. Box Number is Not Acceptable)		
1015 BLUEWATER DRIVE SUN CITY CTR FL 33573						· · · · · · · · · · · · · · · · · · ·	
33.0.0					City	FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered					Led office or registe		
SIGNATURE							
Signature, typed or printed name of registered agent and title if applicable. 9. Capital Contributions \$544,020.00 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STA							
as Shown on record. In FLORIDA to date. 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.	RANDOLPH ENTERPRISES, INC.					ADDRESS CHANGES ONLY	
NAME STREET ADDRESS					EET ADDRESS		
CITY-ST-ZIP		CTR FL 33573		CITY	-ST-ZIP		
DOCUMENT # NAME				STRE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP	4000055024240 05/10/0201036019 ****526.25 ****526.25	
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STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP		
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STREET ADDLESS CITY-ST-ZIP				CITY	-ST-ZIP		
DOCUMENT #				STRE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP		
NAME				STRE	ET ADORESS		
CITY-ST-ZIP					-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 WINSTON D. RANDOLPH REGISTERED AGENT (813)634-9270							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #							