2002 UNIFORM	<b>BUSINESS REP</b>	ORT (	(UBR)
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Discipled Discours & During				SECRETARY OF STATE TALLANASSEE, FLORIDA						
Principal Place of Business Mailing Address  8 OAKHILL DRIVE  8 OAKHILL DRIVE				10	Lind the source	., , , , , , , , , , , , , , , , , , ,				
NEWNAN GA	A 30263		NEWNAN GA 30263							
Principal Place of Business     3. Mailing Address										
Suite, Apt. #, etc. Suite, Apt. #, etc.			<del></del>		DUE BY MAY 1, 2002					
City & Sta	te		City & State			4. FEI Number	58-2350857		Applied For	
Zip	Zip Country Zip		Zip	Country		5. Certificate of	f Status Desired		Not Applicab 75 Additional	)le
	6. Name and Ad	dress of Current Regi	stered Agent	L		7. Name and A	Address of New Re		Required t	
KUBAN	DAVID I			٠	Name				J	7
KORAN, DAVID L 6 EAST BAY STREET			Street Address (P.O. Box Number is Not Acceptable)					7		
JACKSONVILLE FL 32202								_		
					City			FL Z	Zip Code	$\dashv$
8. The above	e named entity submits	this statement for the	purpose of changing its	registere	ed office or register	red agent, or both	, in the State of Flor	ida.		7
SIGNATURE	Signature, typed or printed na	ame of registered agent and title	a if applicable.					DATE		
9. Capital Contributions as Shown on record. \$100.00 In FLORIDA to date.				outions		11. MAKE CHECK SEE REVERS		DEPT. OF STATE E INFORMATION		
	A GENERA NOTE: Genera	L PARTNER THAT	IS A BUSINESS EN OT be changed on ti	TITY M	UST BE REGIST	TERED AND AC	TIVE WITH THE	OFFICE		
12.	GE	NERAL PARTNER INF		13.			ADDRESS CHAI			$\dashv$
DOCUMENT # NAME	F9700005392 RDC MANAGEMENT, INC. 8 OAKHILL DRIVE NEWNAN GA 30263			STRE	ET ADDRESS					701)
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'STREET ADDRESS CITY-ST-ZIP				CITY-	ST-ZIP	<del></del>				
14. I hereby of indicated	ertify that the information this report is true a	on supplied with this find accurate and that n	ling does not qualify for ny signature shall have t	the exen	nption stated in Sec legal effect as if m	ction 119.07(3)(i),	Florida Statutes. I fo	irther certify that Partner of the lin	at 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 of the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-22-02 7b.

710-251-336