

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002677\***

FILED

02 MAY 22 AM 10:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1. Entity Name

**R.N.R. INVESTMENT LIMITED PARTNERSHIP**

Principal Place of Business

**2414 EXPOSITION BLVD., STE D-210  
AUSTIN TX 78703**

Mailing Address

**2414 EXPOSITION BLVD., STE D-210  
AUSTIN TX 78703**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City & State

City & State

4. FEI Number

**59-3484328**

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

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

Name

**Incorp Services, Inc.**

Street Address (P.O. Box Number is Not Applicable)

**13876 SW 56 Street**

**# 258**

City

**Miami**

**FL**

Zip Code

**33175**

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

*[Handwritten Signature]*

**4/30/02**

DATE

9. Capital Contributions as Shown on record.

**\$606,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
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. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
P00000044227	DALPRO-FLORIDA INC	2414 EXPOSITION STE D-210	AUSTIN TX 78703

STREET ADDRESS	CITY-ST-ZIP
000005691740--4	-06/05/02--01014--015
	*****526.25 *****526.25

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/30/02**

DATE

**512/4578600**

Daytime Phone #

CR2E003 (9/01)