

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000000052**

1. Entity Name  
**RONRUSS PARTNERS, LTD.**

FILED

02 JAN 18 AM 12:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**999 WASHINGTON AVENUE  
MIAMI BEACH FL 33139-5012**

Mailing Address  
**999 WASHINGTON AVENUE  
MIAMI BEACH FL 33139-5012**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**2930 Biscayne Blvd**  
Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City & State  
**Miami FL**

4. FEI Number  
**65-0814861**

Applied For  
Not Applicable

Zip  
**33137**

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**GALBUT, ABRAHAM  
999 WASHINGTON AVENUE  
MIAMI BEACH FL 33139-5012**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$1,500,000.00**

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	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>P97000107290 RONRUSS CORPORATION C/O CRESENT HGHTS. 555 NE 15TH ST., 2ND FL MIAMI FL 33132</b>
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY - ST - ZIP	
STREET ADDRESS CITY - ST - ZIP	
STREET ADDRESS CITY - ST - ZIP	<b>200004794052--1 01/24/02 01033 014 ****526.25 ****526.25</b>
STREET ADDRESS CITY - ST - ZIP	
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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

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E003 (9/01)