

2001 UNIFORM BUSINESS REPORT (UBR)

0006226 AF

DOCUMENT # A98000000126

1. Entity Name

RHF GULFSTREAM ASSOCIATES, LTD.

Principal Place of Business

516 N.E. 13TH STREET
FORT LAUDERDALE FL 33304

Mailing Address

516 N.E. 13TH STREET
FORT LAUDERDALE FL 33304

FILED

01 MAY 31 PM 12:16

SECRETARY OF STATE
TALLAHASSEE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0803964

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCDONOUGH, BRIAN J ESQ.
C/O STEARNS WEAVER, ET AL
150 WEST FLAGLER STREET, 22ND FLOOR
MIAMI FL 33130

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$2,080,000.00

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 # N98000000179
NAME RHF GULFSTREAM, INC.
STREET ADDRESS 516 N.E. 13TH STREET
CITY-ST-ZIP FORT LAUDERDALE FL 33304

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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***535.00 ***535.00

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

ROLAND BROUSSARD
VP OPERATIONS 3/2/01

Date

Daytime Phone #

CR2E003 (11/00)