2001	UNIFORM BUSI	NESS REPO	RT	(UBF	3)			0013180
DOCUMENT # A9800000890							228	180 A
The R S Griffith family limited partnership $\simeq$				S)		ILED		-,
Principal Place of Business		Mailing Address		- 01	FE	β19 PM12:03	V	
14354 DULCIM ORLANDO FL		14354 DULCIMER COURT ORLANDO FL 32837		Si ŢA	ECRET LLAH,	ARY OF STATE ASSEE, FLORIDA	1585 18519 (415) ATH (681	
2. Principal Place of Business		3. Mailing Address		<u></u>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE		CE	
City & State		City & State			59-3503241		Applied For Not Applicable	
Zip	Country	Zip	Cour	ntry		5. Certificate of Status Desired \$8 Fee	.75 Additional Required	
	6. Name and Address of Current I	Registered Agent		Name		7. Name and Address of New Registered Age	nt	-
DE MEO, ANTHONY 2400 E COMMERCIAL BLVD., SUITE 517					Street Address (P.O. Box Number is Not Acceptable)			
FT LAUDE	RDALE FL 33308					EI	Zip Code	
8. The above named entity submits this statement for the purpose of changing its re				<u> </u>				
	riamed entity sobilitis this statement for	the purpose of changing its	register	eu once or	registere	ed agent, or both, in the State of Florida.		
SIGNATURE .	Signature, typed or printed name of registered agent at				re required	when reinstating) DATE		ĺ
9. Capital Contributions as Shown on record. \$8,500,000.00 in FLORIDA to date				butions		11. MAKE CHECK PAYABLE TO SEE REVERSE SIDE FOR FI	1	
بالأشياسية فصورون						ERED AND ACTIVE WITH THIS OFFICE.  I must be filed to change a general partne	r.	
12. GENERAL PARTNER INFORMATION			13.	<u>-</u>		ADDRESS CHANGES ONLY		ଚ
	RSG HOLDINGS, INC.			EET ADDRESS /-St-Zip	<u></u>			003 (11/00)
CITY-ST-ZIP  DOCUMENT #	ORLANDO FL 32837	<del></del>	╁	EET ADDRESS		90000375767	296 25-010	CR2E0
NAME STREET ADDRESS				-ST-ZIP		*****97.50 *	****97.50	
CITY-ST-ZIP								
NAME STREET ADDRESS				EET ADDRESS 7-ST-ZIP		9000037576 -02/23/01010	296 25011	
CITY-ST-ZIP DOCUMENT			╁	EET ADDRESS		****437.50 *	***437.50	ł
NAME STREET ADDRESS			ı	'-ST-ZIP			<u>.</u>	ı
CITY-ST-ZIP DOCUMENT #		····	STRE	EET ADDRESS				ί
NAME STREET ADDRESS C/TY-ST-ZIP			CITY	r-ST-ZIP				
DOCUMENT #			STRE	EET ADDRESS				I
STREET ADDRESS CITY-SI-ZIP			CITY	r-St-ZiP				
14. I tereby of indicated the receiv	certify that the information supplied with on this report is true and accurate and the ver or trustee empowered to execute this	this filing does not qualify for hat my signature shall have to reput as required by Chapt	the exe he same er 620, l	emption state e legal effect Florida State	ed in Sect as if mutes	ction 119.07(3)(i), Florida Statutes. I further certify the lade under oath; that I am a General Partner of the	hat the information limited partnership or	
SIGNAT	URE: SIGNATURE AND TYPED OR I	PHATED NAME OF SIGNING GENERA	. (		1 6%	2 (Cotton afozo, 40 payim	7 259 4079 e Phone *	l I