2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # A9800001053 02 JUN -3 AMII: 40 1. Entity Name SECRETARY OF STATE FAELAHASSEE, FLORIDA RPMDK, LTD. Principal Place of Business Mailing Address 465 TRESCA ROAD 465 TRESCA ROAD JACKSONVILLE FL 32266 JACKSONVILLE FL 32266 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DUE BY MAY 1, 2002 City & State City & State Applied For applied for Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SILLIMAN, MARK W. Street Address (P.O. Box Number is Not Acceptable) 465 TRESCA ROAD JACKSONVILLE FL 32266 City 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. 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE \$500.00 in FLORIDA to date. as Shown on record. 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY P98000035282 DOCUMENT # STREET ADDRESS 465 TRESCA ROAD, INC. **465 TRESCA ROAD** <u>800005693248--8</u> STREET ADDRESS CITY-ST-ZIP <u>-06/06/02--01003--004</u> JACKSONVILLE FL 32266 CITY-ST-ZIP \*\*\*\*150.00 \*\*\*\*150.00 DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT STREET ADDRESS

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 empty legal to execute this report as required by Chapter 620, Florida Statutes

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP .

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #

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Note: If "Yes," please complete lines 16b and 16c.  If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or trace name ►  C Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if kn Approximate date when filed [mo., day, year]  City and state where filed   Previous EIN	IfYes,please complete lines 16b and 16c.  checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 about name ►  Trade name ►  timate date when, and city and state where, the application was filed. Enter previous employer identification number if known, mate date when filed (mo., day, year)  City and state where filed Previous EIN  Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.  Designee's name  Designee's telephone number (include area of a priory, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.									
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Applicant's fax number (include area code) (904) "724 6696