

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000002490

1. Entity Name
RAMCAKUTRO, LTD.



FILED

03 FEB -3 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6885 SYLVAN WOODS DRIVE
SANFORD FL 32771

Mailing Address
6885 SYLVAN WOODS DRIVE
SANFORD FL 32771



2. Principal Place of Business
1215 EAST HILLSBORO BLVD.
Suite, Apt. #, etc.

3. Mailing Address
1215 E. HILLSBORO BLVD.
Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
DEERFIELD BEACH, FLA. DEERFIELD BCH, FLA.

4. FEI Number 59-3540835

Applied For
Not Applicable

Zip Country
33441 U.S.A. 33441 U.S.A.

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

CAMPBELL, WILLIAM B JR.
6885 SYLVAN WOODS DRIVE
SANFORD FL 32771

Name

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

1215 EAST HILLSBORO BLVD.

City

DEERFIELD BCH.

FL

33441

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. I am familiar with, and accept the obligations of registered agent.

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

DATE

9. Capital Contributions as Shown on record. \$156,200.00

10. Amount of Capital Contributions in FLORIDA to date \$156,200.00

11. MAKE CHECK PAYABLE TO FL. 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
CAMPBELL, WILLIAM B JR.
6885 SYLVAN WOODS DRIVE
SANFORD FL 32771

STREET ADDRESS
CITY-ST-ZIP
247 SKYLAKE
SAUTEE, GA. 30571

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
CAMPBELL, GEORGIANNA
6885 SYLVAN WOODS DRIVE
SANFORD FL 32771

STREET ADDRESS
CITY-ST-ZIP
247 SKYLAKE
SAUTEE, GA. 30571

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP
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DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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 629, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1/29/03 706-878-9052

0008004

AT

CR2E003 (10/02)

STAPLE CHECK HERE