

2001 UNIFORM BUSINESS REPORT (UBR)

0007755 AF

DOCUMENT # A98000002862

1. Entity Name
RLPL LIMITED PARTNERSHIP

ENTERED
BOY

FILED
01 APR 16 PM 4:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
% J. HAHN CPA
1515 NORTH FEDERAL HWY., SUITE 300
BOCA RATON FL 33432

Mailing Address
% J. HAHN CPA
1515 NORTH FEDERAL HWY., SUITE 300
BOCA RATON FL 33432



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

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

NUH

City & State

Zip **Country**

4. FEI Number 65-0836782

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
HAHN, JEFFREY CPA
1515 NORTH FEDERAL HWY.
BOCA RATON FL 33432

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

9. Capital Contributions as Shown on record. \$4,750.00 **10. Amount of Capital Contributions in FLORIDA to date.** 5000 **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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P98000049043 RLPL, INC. 1515 N. FEDERAL HWY. BOCA RATON FL 33432	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: _____ **3-12-01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)