2001	UNIFORM	BUSINESS	REPORT	(UBR)
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DOCUMENT # A9900000221									803 AF		
RUDOLPH HOLDINGS, LTD.						FILE)			11	
Principal Place of Business Mailing Address			01 APR 30 PM 12: 23								
Principal Place of Business 2731 S.W. 117TH AVENUE			2731 S.W. 117TH AVENUE		•	1					
DAVIE FL 3333	90		DA	VIE FL 33330		TAL	CRETARY OF AHASSEE.	FLORIDA			
0 0::	N		101	Addition Addition		 					
2. Principal Place of Business			Mailing Address						н		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & Stat	te			City & State			4. FEI Number	65-0920388		Applied For Not Applica	_
Zip	_	Country	Country Zip		Country		5. Certificate of	f Status Desired		8.75 Additional	-
	6. Name	and Address of	Current Regist	ered Agent			7. Name and /	Address of New Ro	egistered Ag	ent	\rightrightarrows
	•		-			Name	_		~ ~		
BRINKLEY, W. MICHAEL 200 EAST LAS OLAS BLVD., SUITE 1800 FORT LAUDERDALE FL 33301				Street Address	ss (P.O. Box Number is Not Acceptable)						
				200 E. I	as Olas Blvd., Suite 1900						
						City	City FL Zip Code				
8. The above	named entit	y submits this sta	tement for the p	urpose of changing its	register	ed office or registe	red agent, or both	, in the State of Flo	rida.		
SIGNATURE .									DATÉ.		ļ
9. Capital Co		or printed name of regis		10. Amount of Capit	I Contri	d Agent signature required butions	d when reinstating)			O DEPT. OF STATE	
as Shown		\$1,500,00		in FLORIDA to d		UST BE REGIS	TERED AND A	J		FEE INFORMATION	1
	NOTE	General Parti	ners MAY NO	T be changed on the	e form	; an amendmer	nt must be filed	to change a ge	neral partn	er.	
12.	P99000003		PARTNER INFO	RMATION	13.			ADDRESS CHA	INGES ONLY		
NAME	RODOLPH	HOLDING COF	P.		SIRE	EET ADDRESS		- 44			E003 (11/00)
STREET ADDRESS CITY-ST-ZIP	231 S.W. 1 DAVIE FL (117TH AVENUE 33330			CITY	-ST-ZIP				- · · · · · · · · · · · · · · · · · · ·	
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STREET ADDRESS					CITY	-ST-ZIP					
14. I hereby o	L certify that the	information supp	olied with this fill	ing does not qualify for	the exe	mption stated in Se	ection 119.07(3)(i)	Florida Statutes. I	further certify	that the information	7
indicated on this report is true and accurate and that my signature shall have the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes											
SIGNATURE: 5 10.11 (C.C.) 04/25/01											
J STATUTE AND FUTE OF SIGNING SENERAL L PARTNER Date Daytime Phone #								_			