2003 LIMITED PARTNERSHIP

UNIFORM	BUSINESS REP	DRT	(UBR)
DOCUMENT #	A00000000000	•	THE

1. Entity Name

Principal Place of Business 2731 S.W. 117TH AVENUE

SIGNATURE:

RUDOLPH HOLDINGS, LTD.



Mailing Address 2731 S.W. 117TH AVENUE

FILED

03 APR 28 AM 8: 38

SECRETARY OF STATE TALLAHASSEE FLORIDA

MJH

954-473-8259

Daytime Phone #

DAVIE PL 33330		UAVIE FL 33330				
2. Principal Place of Business 3. Mailing Address						
Suite, Apt. #, etc. Suite, Apt. #, etc.				DUE BY MAY 1, 2003		
City & State City & State		City & State			4. FEI Number 65-0920388 Applied For Not Applicable	
Zip	Country	Zip	Coun	try	5. Certificate of Status Desired S8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
BRINKLEY, W. MICHAEL 200 EAST LAS OLAS BLVD., STE. 1900 FORT LAUDERDALE FL 33301			-Name			
			Street Address (P.O. Box Number is Not Acceptable)			
			City FL Zip Code			
8. The above named er	ntity submits this statement fo	r the purpose of changing its	reaistere	Led office or register	red agent, or both, in the State of Florida. I am familiar with, and accept	
the obligations of registered agent.						
SIGNATURE Signature, tyr	oed or printed name of registered agent	and title if applicable.			DATE	
	9. Capital Contributions as Shown on record. \$1,500,000.00 10. Amount of Capital Contributions in FLORIDA to date. 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		13.	,	ADDRESS CHANGES ONLY	
DOCUMENT # P99000003390 NAME RODOLPH HOLDING CORP. STREET ADDRESS 231 S.W. 117TH AVENUE		STRE	ET ADORESS	7/02		
		ı				
CITY-ST-ZIP DAVIE FL 33330		CITY	-ST-ZIP	CR2E003 (10/02)		
DOCUMENT # NAME			STRE	ET ADDRESS	S	
STREET ADDRESS CITY-ST-ZIP			CITY-	-ST-ZIP	800017193378 04/28/03-01072002 ***536 25	
DOCUMENT # NAME			STRE	ET ADDRESS		
STREET ADDRESS			CITY	-ST-ZIP		
CITY-ST-ZIP			Citt	-31-ZIr		
DOCUMENT #			STRE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-	-ST-ZIP		
DOCUMENT / NAME			STRE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-	-ST-ZIP		
DOCUMENT # NAME		,	STREE	ET ADDRESS	,	
STREET ADDRESS CITY-ST-ZIP			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 hat my signature shall have the same legal effect as if made under eath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to except the this report as required by Chapter 620, Florida Statutes						

KHRED HRED