2001 UNIFORM BUSINESS REPORT (UBR)

0016833 AF

DOCUMENT # A99000000316

1. Entity Name

RCW HOLDINGS, LTD.

FILED
01 JUL 31 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
704 OVERLOOK TRAIL PORT ORANGE FL 32127	704 OVERLOOK TRAIL PORT ORANGE FL 32127

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3571934 ~~APPLIED FOR~~ ☐ Applied For ☐ Not Applicable

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
WILLIAMS, ROBERT C 704 OVERLOOK TRAIL PORT ORANGE FL 32127	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$3,686,000.00	3686000.00	

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 #	L99000001106	STREET ADDRESS	
NAME	TREBOR EQ, LLC	CITY-ST-ZIP	
STREET ADDRESS	704 OVERLOOK TRAIL		
CITY-ST-ZIP	PORT ORANGE FL 32127		
DOCUMENT #		STREET ADDRESS	900004514419--4
NAME	WILLIAMS, ROBERT C		-08/03/01--01058--025
STREET ADDRESS	704 OVERLOOK TRAIL	CITY-ST-ZIP	****400.00 ****400.00
CITY-ST-ZIP	PORT ORANGE FL 32127		
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	900004514419--4
CITY-ST-ZIP			~~-08/03/01--01058--026~~
DOCUMENT #		STREET ADDRESS	****526.25 ****526.25
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NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			

CR2E003 (11/00)

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: W. Williams MD REQUIRED 6-27-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #