

2002 UNIFORM BUSINESS REPORT (UBR)

0005802 AT

DOCUMENT # **A99000000316**

1. Entity Name
RCW HOLDINGS, LTD.

FILED
02 JUL -1 AM 8:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

DUE BY MAY 1, 2002
4. FEI Number **59-3571934** Applied For
Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
WILLIAMS, ROBERT C
704 OVERLOOK TRAIL
PORT ORANGE FL 32127

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

9. Capital Contributions as Shown on record. **\$3,686,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **3,686,000**

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	
DOCUMENT #	L99000001106
NAME	TREBOR EQ, LLC
STREET ADDRESS	704 OVERLOOK TRAIL
CITY-ST-ZIP	PORT ORANGE FL 32127
DOCUMENT #	WILLIAMS, ROBERT C
NAME	WILLIAMS, ROBERT C
STREET ADDRESS	704 OVERLOOK TRAIL
CITY-ST-ZIP	PORT ORANGE FL 32127
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	200006225532--6 -07/05/02--01060--002 *****88.75 *****88.75
STREET ADDRESS	
CITY-ST-ZIP	200006225532--6 -07/05/02--01060--003 *****437.50 *****437.50
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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 620, Florida Statutes

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-29-02 **386 679-7696**
Date Daytime Phone #

CR2E003 (9/01)