


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # A99000000316 1. Entity Name RCW HOLDINGS, LTD.	
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Principal Place of Business 704 OVERLOOK TRAIL PORT ORANGE, FL 32127	Mailing Address 704 OVERLOOK TRAIL PORT ORANGE, FL 32127
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2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip	Country



02042004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3571934	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title is applicable DATE _____

9. Capital Contributions as Shown on record \$3,686,000.00	10. Amount of Capital Contributions in FLORIDA to date
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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	000000159584
NAME	WILLIAMS, ROBERT C	CITY - ST - ZIP	05/10/04-80036-010 526.25
STREET ADDRESS	704 OVERLOOK TRAIL		
CITY - ST - ZIP	PORT ORANGE, FL 32127		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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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:  **4-29-04** **386 679-1696**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

ORIGINAL

STAPLE CHECK HERE