2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001025

1. Entity Name

RSG FAMILY LIMITED PARTNERSHIP - DAUPHINE

FILED

00 FEB 10 AM 10: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
P.O. BOX 1550 MARCO ISLAND FL 34146	P.O. BOX 1550 MARCO ISLAND FL 34146-1550

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 3595570 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GLAS, RONALD L
850 SOUTH COLLIER BLVD., #1701
MARCO ISLAND FL 34145

7. Name and Address of New Registered Agent

Name GLAS, RONALD L

Street Address (P.O. Box Number is Not Acceptable) 402 11th ST NORTH

City Naples FL Zip Code 34102

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 [signature] RONALD L. GLAS 1/5/00

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. $1,000.00

10. Amount of Capital Contributions in FLORIDA to date.

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P98000069907	STREET ADDRESS	
NAME	BARFIELD BAY HOLDINGS, INC.		
STREET ADDRESS	P.O. BOX 1550		
CITY-ST-ZIP	MARCO ISLAND FL 34146	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	000003148130--2
NAME			
STREET ADDRESS			-02/25/00--01091--006
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E003 (9/99)

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 RONALD L. GLAS 1/5/00 941 642 3953

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #