2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 APR -9 PM 1:00

DOCUMENT # A99000001054

1. Entity Name
RWH LIMITED

Principal Place of Business
2217 GULF SHORE BLVD. N., APT. 2B
NAPLES, FL 34102

Mailing Address
2217 GULF SHORE BLVD. N., APT. 2B
NAPLES, FL 34102

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip | Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip | Country

DUE BY MAY 1, 2003

4. FEI Number 31-1659212 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HANCOCK, ROBERT W
2217 GULF SHORE BLVD. N., APT. 2B
NAPLES, FL 34102

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. I am familiar with, and accept the obligations of registered agent.

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

9. Capital Contributions as Shown on record. $98.00

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 INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	HANCOCK, ROBERT W TRUSTEE		
STREET ADDRESS	2217 GULF SHORE BLVD. N., APT. 2B	CITY-ST-ZIP	600015549596 04/09/03--01025--020 **141.25
CITY-ST-ZIP	NAPLES, FL 34102		
DOCUMENT #		STREET ADDRESS	
NAME	HANCOCK, ELIZABETH A TRUSTEE		
STREET ADDRESS	2217 GULF SHORE BLVD. N., APT. 2B	CITY-ST-ZIP	
CITY-ST-ZIP	NAPLES, FL 34102		
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CR2E003 (10/02)

STAPLE CHECK HERE

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: Robert W Hancock 4/4/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | Date | Daytime Phone #