

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # A9900001546

1. Entity Name

RMPFLP I, LTD

02 FEB 19 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7714 Fisher Island Dr.

3. Mailing Address
7714 Fisher Island Dr.

DUE BY MAY 1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Fisher Island, Florida

City & State
Fisher Island, Florida

4. FEI Number
65-0946665

Applied For
Not Applicable

Zip
33109

Country
USA

Zip
33109

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Barry A. Nelson, Esq., c/o Nelson & Levine, P.A.

Street Address (P.O. Box Number is Not Acceptable)
2775 Sunny Isles Boulevard

Suite 118

City
North Miami Beach,

FL

Zip Code
33160

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 *By G. Nelson*

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

1/29/02

DATE

9. Capital Contributions as Shown on record. **\$2,500,000**

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

DOCUMENT # **P99000078130**
NAME **RMP Holdings, Inc.**
STREET ADDRESS **7714 Fisher Island Dr.**
CITY-ST-ZIP **Fisher Island, FL 33109**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
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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: *Robert Patanku*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-8-02 (305) 673-4400

Date

Daytime Phone #

CR2E003B (12/01)

STAPLE CHECK HERE