


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0018176 AB

DOCUMENT # B00000000162

1. Entity Name
RCF/DEERFIELD TOWNSHIP, L.P.



FILED

03 APR 30 PM 12:49

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
636 GOODSPRINGS ROAD
BRENTWOOD TN 37027

Mailing Address
636 GOODSPRINGS ROAD
BRENTWOOD TN 37027



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number **62-1816844**

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

DUE BY MAY 1, 2003

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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. **\$10,000.00**

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 #	M99000000761	STREET ADDRESS	
NAME	RCF ENTERPRISES, LLC	CITY-ST-ZIP	
STREET ADDRESS	636 GOODSPRINGS ROAD		
CITY-ST-ZIP	BRENTWOOD TN 37027		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

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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 R. [Signature] **4-15-03** **615-377-3456**

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

STAPLE CHECK HERE

CR2E003 (10/02)