

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0018176 AB

DOCUMENT # B00000000162



FILED
03 APR 30 PM 12:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

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

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	000017345570
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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]* **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)