

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B95000000062**

1. Entity Name  
**RER RESOURCES LIMITED PARTNERSHIP**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 28 AM 3:05

Principal Place of Business  
**950 HERNDON PKWY.  
STE. 200  
HERNDON VA 20170**

Mailing Address  
**950 HERNDON PKWY.  
STE. 200  
HERNDON VA 20170-5537**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
City & State

Zip  
Country

Zip  
Country

4. FEI Number **54-1752367**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**GELLMAN, ROBERT A  
927 CLINT MOORE ROAD  
BOCA RATON FL 33487**

7. Name and Address of New Registered Agent

Name  
**Cynthia A. Tessier**

Street Address (P.O. Box Number is Not Acceptable)  
**12016 NW 27 Drive**

City  
**Coral Springs**

FL Zip Code  
**33065**

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 *Cynthia Tessier*  
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. **\$990.00**

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	
DOCUMENT #	<b>F95000000883</b>
NAME	<b>RER NEW RESOURCES, INC.</b>
STREET ADDRESS	<b>950 HERNDON PKWY., STE. 200</b>
CITY - ST - ZIP	<b>HERNDON VA 20170</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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DOCUMENT #	
NAME	
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
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STREET ADDRESS	
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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: *[Signature]* **SIGNATURE REQUIRED** **3/21/00 703/742-6789**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)