200	2 UNIEADM BUG	INICO DEDO				* · · · · ·			
2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # B9600000413 1. Entity Name RFS FINANCING PARTNERSHIP, LP.					FILED 02 APR 29 PM 8 88				
									III O I II VIII OING FARINENORIF, L.F.
Principal Pla	ace of Business	Mailing Address		 -	SEG TABL	NETARY OF S AHASSEE, FL	TATE: ORIDA		
850 RIDGE LAKE BLVD SUITE 220 850 RIDGE LAKE MEMPHIS TN 38120 MEMPHIS TN 38120			SUITE 220		्राः				
8 Pinton	Div. 10								
	Place of Business Ridce Lake Byd.	3. Mailing Address	Lake Stu	,		810 F0110 01111 F0111 0011		B(84884 888 4 58 1	
Suite, Ap		Suite, Apt. #, etc.	etc.			DUE BY MAY 1, 2002			
City & Sta		City & State	City & State			4. FEI Number Applied For Applied For			
Zip	Country	Zip	Country		· · ·	62-1659026		Not Applicable	
38/	120	38/26	-			Status Desired	Fee	75 Additional Required	
 -	6. Name and Address of Current	Registered Agent	Name	7. 1	Name and A	ddress of New Re	gistered Agen	t	
	RPORATION SYSTEM	Street A	Street Address (P.O. Box Number is Not Acceptable)						
	ORPORATION SYSTEM UTH PINE ISLAND ROAD								
	110N FL 33324	Cit.	BK						
O The show			City					Zip Code	
o. The above	e named entity submits this statement fo	r the purpose of changing its i	registered office or	registered ag	ent, or both,	in the State of Flori	da.	}	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable		·····			<u>.</u>		
9. Capital Contributions \$10.00 10. Amount of Capital C					- 1	11. MAKE CHECK PAYABLE TO DEPT. OF STATE			
as Snown	A GENERAL PARTNER T	in FLORIDA to da		10.00	D AND AC	SEE REVERSE	SIDE FOR FEI	INFORMATION	
12.	NOTE: General Partners MA	Y NOT be changed on th	e form; an ame	ndment mus	st be filed	to change a gen	eral partner.		
DOCUMENT #	GENERAL PARTNER F96000005522	INFORMATION	13.			ADDRESS CHAN	GES ONLY		
NAME STREET ADDRESS	RFS FINANCING CORPORATION 850 RIDGE LAKE BLVD., STE. 22	n	STREET ADDRESS	850/	Ridge	hake Blud	Suite	300	
CITY-ST-ZIP	MEMPHIS TN 38120	U	CITY-ST-ZIP	Ma an	()	N 3812			
DOCUMENT #			STREET ADDRESS	T R JULY	~~~	W 3812	o		
NAME STREET ADDRESS			1	···			 -		
CITY-ST-ZIP			CITY-ST-ZIP						
DOCUMENT # NAME	erico casa as	······································	STREET ADDRESS	-	301	30054: -05/07/0	3132 20106	3	
STREET ADDRESS C/TY-ST-ZIP			CITY-ST-ZIP		·.	****141	. 25 ***	*141.25	
DOCUMENT # NAME			STREET ADDRESS		<u>.</u>				
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	-		···•	···		
DOCUMENT #			STREET ADDRESS		· · · · · · · · · · · · · · · · · · ·				
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	 .					
DOCUMENT # NAME			STREET ADDRESS		V				

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTIES TO DATE OF SIGNING GENERAL PARTIES TO DESCRIPTION OF SIGNING PROPERTY PROPE

^{14.} I hereby certify that the information supplied with this filling 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