

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B97000000054**

1. Entity Name

THE RINCON FAMILY PARTNERSHIP, L.P.

FILED

02 FEB -6 AM 8:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1013 CENTRE ROAD
WILMINGTON DE 19805

Mailing Address

C/O MENDIVE & GONZALEZ, P.A.
250 CATALONIA AVE. SUITE 705
CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

51-0377834

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MENDIVE, ARMANDO G CPA
250 CATALONIA AVE., SUITE 705
CORAL GABLES FL 33134**

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.

SIGNATURE

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

DATE

9. Capital Contributions
as Shown on record.

\$590,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$590,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
F97000000531	RINCON MANAGEMENT COMPANY, INC.	1013 CENTRE ROAD	WILMINGTON DE 19805

STREET ADDRESS	CITY-ST-ZIP

100004915791-9
-02/13/02--01077--004
******526.25 ****526.25**

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

BY: **RINCON MANAGEMENT COMPANY, INC.**

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

HOLLY S. RINCON, PRES.

02/05/02

305-5924300

Date

Daytime Phone #

CR2E003 (9/01)