

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B98000000183**

1. Entity Name

R.E.S. PARTNERS, L.P.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 FEB 28 AM 10:48

Principal Place of Business

276 1/2 NORTH MAIN ST.
STE. 1
PENNINGTON NJ 08534

Mailing Address

276 1/2 NORTH MAIN ST.
STE. 1
PENNINGTON NJ 08534-2207



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

22-3570566

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAINES, TIM D
125 NE FIRST AVENUE, SUITE 1
OCALA FL 34470

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

9. Capital Contributions as Shown on record.

\$3,848,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **B98000000182**
NAME **R.E.S. GENERAL, L.P.**
STREET ADDRESS **276 1/2 NORTH MAIN ST., STE. 1**
CITY - ST - ZIP **PENNINGTON NJ 08534**

STREET ADDRESS

CITY - ST - ZIP

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mf 3/8/00

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Ernest Theurer

Date

2-23-00

Daytime Phone #

609-818-1370

CR2E003 (9/99)