

FILED


2003 MAY 20 PM 2:34

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # B9800000183

1. Entity Name
R.E.S. PARTNERS, L.P.



Principal Place of Business
1111 NE 25TH AVE., STE E201
OCALA, FL 34470 02

Mailing Address
1111 NE 25TH AVE., STE E201
OCALA, FL 34470 02

200019845982
05/29/03--01051--001 **526.50



2. Principal Place of Business
2595 NW City Kings SA
Suite, Apt. #, etc.

3. Mailing Address
10912 NW 14th Ave
Suite, Apt. #, etc.

City & State
Ocala FL

City & State
Gainesville

Zip
34475

Country
USA

Zip
32606

Country
USA

4. FEI Number
22-3570566

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

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 _____

9. Capital Contributions as shown on record. \$3,848,000.00

10. Amount of Capital Contributions in FLORIDA to date.

DO NOT MAKE CHECK PAYABLE TO FL DEPT OR 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 #	B9800000182	STREET ADDRESS	10912 NW 14th Ave
NAME	R.E.S. GENERAL, L.P.	CITY - ST - ZIP	Gainesville FL 32606
STREET ADDRESS	1111 NE 25TH AVE., #201		
CITY - ST - ZIP	OCALA, FL 34470		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
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NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			

STAPLE CHECK HERE

CRBE003 (10/02)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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] DATE: 5/20/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER