

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

002115 SP

DOCUMENT # B98000000289

1. Entity Name

REAL OPPORTUNITIES LIMITED PARTNERSHIP

02 MAR -6 AM 10:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

10657 TAMPA PALMS BLVD., SUITE 288  
TAMPA FL 33647

Mailing Address

10657 TAMPA PALMS BLVD., SUITE 288  
TAMPA FL 33647



2. Principal Place of Business

16057 - TAMPA PALMS BLVD

3. Mailing Address

16057 TAMPA PALMS BLVD

Suite, Apt. #, etc.

288

Suite, Apt. #, etc.

288

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33647

Country

USA

Zip

33647

Country

USA

DUE BY MAY 1, 2002

4. FEI Number

59-3477239

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PIZZITOLA, VINCENT A

10657 TAMPA PALMS BLVD., SUITE 288

TAMPA FL 33647

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 of registered agent and title if applicable.

DATE

2-13-02

9. Capital Contributions  
as Shown on record.

\$14,000.00

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

DOCUMENT # F98000002426  
NAME RAINBOW PROPERTIES  
STREET ADDRESS 10657 TAMPA PALMS BLVD., SUITE 288  
CITY-ST-ZIP TAMPA FL 33647

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

2-13-02

813-973-7018

CR2E003 (9/01)

STAPLE CHECK HERE