

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

FILED

2002 MAY -8 AM 11:15

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # B98000000715

1. Entity Name

RSP Associates, L.P.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

4633 Hazelton Lane

Suite, Apt. #, etc.

42 Bayview Ave

DUE BY MAY 1

City & State

Lakewood, Florida

City & State

Manhasset, NY

4. FEI Number

11-3479988

Applied For

Not Applicable

Zip

33467

Country

USA

Zip

11030

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

City

Plantation

FL

Zip Code

33324

**DO NOT WRITE
IN THIS SPACE**

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.

\$250.00

10. Amount of Capital Contributions in FLORIDA to date.

-0-

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 #

NAME
STREET ADDRESS
CITY-ST-ZIP

Pikus, Rubin
5 Lavenders Court
Manhasset, NY 11030

STREET ADDRESS

CITY-ST-ZIP

200005609962-3
-05/24/02--01029--030
****141.25 ****141.25

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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)(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:

[Handwritten Signature]

4/30/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

CR2E003B (12/01)