

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY -2 AM 9:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L98000002415

1. Entity Name

R-B PROPERTIES NO. 1, L.L.C.

Principal Place of Business

330 EAST KILBOURN AVENUE, SUITE 1454  
MILWAUKEE WI 53202

Mailing Address

330 EAST KILBOURN AVENUE, SUITE 1454  
MILWAUKEE WI 53202-3144

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-2427055

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUDOBA, STEPHEN M ESQ.  
101 EAST KENNEDY BOULEVARD, SUITE 3700  
TAMPA FL 33602

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM  
STREET ADDRESS SCHMIDT INVESTMENTS LIMITED PARTNERSHIP  
CITY- ST- ZIP 330 EAST KILBOURN AVENUE, SUITE 1454  
MILWAUKEE WI 53202

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP  
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-05/19/00--01078--018  
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TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)