


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0015258 AT

DOCUMENT # A0000000079 1. Entity Name HUBSCHMAN, LTD.	
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FILED

03 APR 29 PM 12:43

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

Principal Place of Business 50 DOLPHIN CIRCLE ISLE OF CAPRI FL 34113	Mailing Address 5811 PELICAN BAY BLVD., STE. 600 NAPLES FL 34108
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4/29

DUE BY MAY 1, 2003

4. FEI Number 59-3619507	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FOWLER WHITE MYERS KRAUSE
5811 PELICAN BAY BLVD., SUITE 600
NAPLES FL 34108

7. Name and Address of New Registered Agent

Name
FOWLER WHITE BOGGS BANKER P.A.

Street Address (P.O. Box Number is Not Acceptable)
5811 PELICAN BAY BOULEVARD

SUITE 600

City
NAPLES FL Zip Code
34108

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 **FOWLER WHITE BOGGS BANKER P.A.**

SIGNATURE *Sean L. Sewald* *Sean L. Sewald, Esq.* *4/25/03*
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. \$10,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	P0000002581
NAME	HUBSCHMAN, INC.
STREET ADDRESS	50 DOLPHIN CIRCLE
CITY-ST-ZIP	ISLE OF CAPRI FL 34113
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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	

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: *Connie Hubschman* **SIGNATURE REQUIRED** *4/9/03* *239-394-7067*
Signature and Typed or Printed Name of Signing General Partner Date Daytime Phone #

CR2E003 (10/02)