


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0015258 AT

DOCUMENT # A00000000079

1. Entity Name
HUBSCHMAN, LTD.



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**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DUE BY MAY 1, 2003

4. FEI Number **59-3619507** Applied For
Not Applicable

5. Certificate of Status Desired **\$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**

**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 #	P00000002581
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	
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CITY-ST-ZIP	
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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*
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
CONNIE HUBSCHMAN

CR2E003 (10/02)