## **2003 LIMITED PARTNERSHIP**

UN	IFOR	M BUSINE	SS REPO	RT (I	JBR)			
DOCUMENT # A0000000413  1. Entity Name HENRY ROHDE, LTD.						F ( L E ( ) 03 FEB 20 PM 4: 09		
Principal Plac 3600 LAKE TO ST. CLOUD FL	HOPEKALIGA	5	Mailing Address 3600 LAKE TOHOPEKALIGA ST. CLOUD FL 34772			SECTETARY OF		
2. Principal Place of Business 3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DUE BY MAY 1, 2003		
Čity & State			City & State			4. FEI Number APPLIED FOR	Applied For Not Applicable	
Zip	Country Zip		Zip	Cour	ntry	E. Cortificate of Status Desired	8.75 Additional ee Required	
	6. Name	and Address of Current	Registered Agent		d .	7. Name and Address of New Registered Agent		
FOSTER, MATTHEW J ESQ. C/O FOLEY & LARDNER					Name Street Address (P.O. Box Number is Not Acceptable)			
100 NORTH TAMPA STREET, SUITE 2700								
TAMPA FL 33602-5804					City	FL Zip Code		
	e named entity tions of regist		r the purpose of changing	its register	ed office or registe	ered agent, or both, in the State of Florida. I am fa	amiliar with, and accept	
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if applicable.			DATE		
9. Capital Contributions as Shown on record. \$10,000.00 10. Amount of Capital in FLORIDA to date					ributions  11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
	A (	GENERAL PARTNER T : General Partners MA	THAT IS A BUSINESS AY NOT be changed or	ENTITY M n the form	IUST BE REGIS n; an amendme	STERED AND ACTIVE WITH THIS OFFICE nt must be filed to change a general part	ner.	
12. GENERAL PARTNER INFORMATION						ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS	ROHDE, HENRY  ET ADDRESS  3600 LAKE TOHOPEKALIGA				EET ADDRESS	200012864992 02/20/0301034012 **158.75		
CITY-ST-ZIP				CITY	Y-ST-ZIP	144		
DOCUMENT # NAME  CIDECT ADDRESS	E ET ADDRESSST-ZIP			STR	EET ADDRESS			
CITY-ST-ZIP					r-ST-ZIP			
NAME				STR	EET ADDRESS			
STREET ADDRESS CITY-ST-ZIP				CHT	r-ST-ZIP	. <u>.</u>		
DOCUMENT # NAME				STR	EET ADDRESS			
STREET ADDRESS CITY-ST-ZIP		180		CITY	r-ST-ZIP			
DOCUMENT # NAME	And the second s			STR	EET ADDRESS			
STREET ADDRESS CITY-ST-ZIP				City	r-ST-ZIP			
DOCUMENT # NAME	,	•,		STR	EET ADDRESS	M THOMAS		
STREET ADDRESS	1			0.77	, ex 710			

14. Thereby 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

CITY-ST-ZIP

CITY-ST-ZIP