

2001 UNIFORM BUSINESS REPORT (UBR)

0006262 AF

DOCUMENT # **A00000000895**

1. Entity Name

HAUGEN FAMILY LIMITED PARTNERSHIP

FILED

01 MAY 17 AM 11:27

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2848 N.E. 27TH STREET
FT. LAUDERDALE FL 33306

Mailing Address

2848 N.E. 27TH STREET
FT. LAUDERDALE FL 33306

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

05-1014784

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DAVIS, JAMES B ESQ.
C/O BERGER DAVIS & SINGERMAN
350 EAS LAS OLAS BLVD., SUITE 1000
FORT LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

Name **James B. Davis**
Street Address (P.O. Box Number is Not Acceptable) **500 E. Broward Blvd., #1400**
City **Fort Lauderdale** FL Zip Code **33394**

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/15/01

9. Capital Contributions as Shown on record.

\$3,000,000.00

10. Amount of Capital Contributions in FLORIDA to date.

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 # **P00000050222**
NAME **HAUGEN INVESTMENTS, INC.**
STREET ADDRESS **2848 N.E. 27TH STREET**
CITY - ST - ZIP **FT. LAUDERDALE FL 33306**

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

STREET ADDRESS

CITY - ST - ZIP

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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Pres. 4-16-01

Date

954-564-3127

Daytime Phone #

CR2E003 (11/00)