

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jan 22, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # A00000001654**

1. Entity Name  
**HANSEN FAMILY CAPITAL, LTD.**

Principal Place of Business 2297 WEST GULF DRIVE, #3B  SANIBEL FL 33957	Mailing Address 2297 WEST GULF DRIVE, #3B  SANIBEL FL 33957
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2. Principal Place of Business  Suite, Apt. #, etc.  City & State	3. Mailing Address  Suite, Apt. #, etc.  City & State
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4. FEI Number **65-1051835** Applied For Not Applicable

Zip	Country	Zip	Country
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5. Certificate of Status Desired  \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**  
**HANSEN RICHARD P**  
 2297 WEST GULF DRIVE, #3B  
 SANIBEL FL 33957 US

**7. Name and Address of New Registered Agent**  
 Name **HANSEN RICHARD F**  
 Street Address (P.O. Box Number is Not Acceptable)  
 2297 WEST GULF DRIVE, #3B  
 City **SANIBEL FL** Zip Code **33957**

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 **RICHARD F. HANSEN** DATE **01/22/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **250,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **250,000.00**

**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 #	
NAME	<b>HANSEN CAPITAL MANAGEMENT, LLC</b>
STREET ADDRESS	<b>2297 WEST GULF DRIVE, #3B</b>
CITY-ST-ZIP	<b>SANIBEL FL 33957</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: RICHARD F. HANSEN** MGR Date **01/22/2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #

CR2E003 (11/00)