

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED
03 MAR 19 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A00000001654 1. Entity Name HANSEN FAMILY CAPITAL, LTD.	
Principal Place of Business 2297 WEST GULF DRIVE, #38 SANIBEL FL 33957	Mailing Address 2297 WEST GULF DRIVE, #38 SANIBEL FL 33957



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Zip
Country	Country

DUE BY MAY 1, 2003	
4. FEI Number 65-1051835	Applied For
	Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HANSEN, RICHARD F 2297 WEST GULF DRIVE, #38 SANIBEL FL 33957	Name Street Address (P.O. Box Number is Not Acceptable) City
	FL Zip Code

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.

SIGNATURE _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$250,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$250,000	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	13. ADDRESS CHANGES ONLY
DOCUMENT # L00000013317 NAME HANSEN CAPITAL MANAGEMENT, LLC STREET ADDRESS 2297 WEST GULF DRIVE, #38 CITY-ST-ZIP SANIBEL FL 33957	STREET ADDRESS CITY-ST-ZIP 300014381983 03/19/03--01078--024 **555.00
DOCUMENT # NAME 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* **3/13/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #