2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A21212 I. Entity Name					SEGRETARY OF STATE	
DECADE 80-VIII, A LIMITED PARTNERSHIP					DIVISION OF CORPORATIONS	
				.,,,,,,	02 FEB 1 PM 2: 03	
Principal Place 6519 NEWBER GAINESVILLE		Mailing Address 250 PATRICK BLVD RM 140 BROOKFIELD WI 53045-5864 US				
Principal Place of Business 3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt, #, etc.	Suite, Apt. #, etc.		DUE BY MAY 1, 2002	
City & State		City & State	City & State		4. FEI Number 39-1483854 Applied For Not Applicable	
Zip	Country	Zíp	Country		5. Certificate of Status Desired S8.75 Additional Fee Required	
· ·	6. Name and Address of Curre	nt Registered Agent	<u> </u>		7. Name and Address of New Registered Agent	
KEIERLEBER, JEFFREY 240 BAYSIDE DR. CLEARWATER BEACH FL 33767-2503				Name Naples-Lawdock, Inc. Street Address (P.O. Box Number is Not Acceptable) 4501 Tamiami Trail North, Suite 300		
CLEARWA	ATER BEACH PL 33/07-2303			City Naples	FL Zip Code 34103-3060	
SIGNATURE .	NAPLES—I AWDOCK, INC. By: Signature typed or printed name of registered agontributions \$1,452,000.00	Lapunskie ent and title il Applicable. 10. Amount of Capi	ital Contri	Susan S	T. Lapinski, Assistant Secretary 2/6/02 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
as Shown	A GENERAL PARTNER	THAT IS A BUSINESS EI	NTITY N	\$1,452,00 NUST BE REG	GISTERED AND ACTIVE WITH THIS OFFICE. ment must be filed to change a general partner.	
12.		NER INFORMATION	13.		ADDRESS CHANGES ONLY	
DOCUMENT # NAME	P08228 DECADE 80, INC. 250 PATRICK BLVD., #-140		STR	BEET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	BROOKFIELD WI 53045		CIT	Y-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS	KEIERLEBER, JEFFREY 250 PATRICK BLVD., #-140			Y-ST-ZIP	7000049250775 	
CITY-ST-ZIP	BROOKFIELD WI 53045			1-31-21	*****JE0.E3 *****JEU.EJ	
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STREET ADDRESS CITY-ST-ZIP			CIT	Y-ST-ZIP		
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STREET ADDRESS CITY-ST-ZIP			CIT	Y-ST-ZIP		
DOCUMENT#			STF	REET ADORESS		
NAME STREET ADDRESS CITE T-ZIP			CIT	Y-ST-ZIP	•	
14 ereby	1 certify that the information supplied of on this report is true and accurate a ver or trustee empowered to execute	and that my signature shall have	e the san	ne legal eπect as	in Section 119.07(3)(i), Florida Statutes. I further certify that the information is if made under oath; that I am a General Partner of the limited partnership or is	

1/10/02

Date

262-792-9200 Daytime Phone #