

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A94000001519

1. Entity Name

THELEN FAMILY PARTNERSHIP, LTD.

Principal Place of Business

5393 GULF OF MEXICO DRIVE, 112B
LONGBOAT KEY FL 34228

Mailing Address

5393 GULF OF MEXICO DRIVE, 112B
LONGBOAT KEY FL 34228-2021

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

00 APR 13 PM 2:10

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

4. FEI Number

65-0552587

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THELEN, GEORGE
5393 GULF OF MEXICO DRIVE, 112B
LONGBOAT KEY FL 34228

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$500,000.00

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

13.

ADDRESS CHANGES ONLY

DOCUMENT #	L97000000849	STREET ADDRESS	800003215608
NAME	THELEN ENTERPRISES, L.C.	CITY - ST - ZIP	-04/19/00-01113-017
STREET ADDRESS	5393 GULF OF MEXICO DRIVE, 112B		****526.25 ****526.25
CITY - ST - ZIP	LONGBOAT KEY FL 34228		
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NAME		CITY - ST - ZIP	
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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:

George J. Thelen
SIGNED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/11/00

991-383-4657
Daytime Phone #