

2002 UNIFORM BUSINESS REPORT (UBR)

001707 AT

DOCUMENT # **A95000001202**

1. Entity Name

GAEDEKE LANDERS, LTD.

APPROVED
AND
FILED

02 MAR 12 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

3710 RAWLINS STREET
SUITE 1000
DALLAS TX 75219

Mailing Address

3710 RAWLINS STREET
SUITE 1000
DALLAS TX 75219

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FEI NUMBER IS INCORRECT.

IT SHOULD BE: 65-0602466 →

DUE BY MAY 1, 2002

4. FEI Number

65-0602466

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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.

DATE _____

9. Capital Contributions
as Shown on record. **\$2,000.00**

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 #	F95000003865
NAME	GAEDEKE LANDERS MANAGEMENT, INC.
STREET ADDRESS	3710 RAWLINS, SUITE 1000
CITY-ST-ZIP	DALLAS TX 75219
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	200005108362--2
CITY-ST-ZIP	-03/14/02--01061--004
	****150.00 ****150.00
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: *[Signature]* **President, Gaedeke Landers Management, Inc.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **General Partner**

2-5-2002 214-528-8333

Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE