

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0017303 AT

DOCUMENT # A95000001202



FILED

03 FEB -7 AM 9:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1. Entity Name  
GAEDEKE LANDERS, LTD.

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number 65-0602466

Applied For

Not Applicable

5. Certificate of Status Desired ☒ X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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 FL. 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 # F95000003865  
NAME GAEDEKE LANDERS MANAGEMENT, INC.  
STREET ADDRESS 3710 RAWLINS, SUITE 1000  
CITY-ST-ZIP DALLAS TX 75219

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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CITY-ST-ZIP

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02/07/03--01037--018 \*\*150.00

M THOMAS

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

01/27/03  
General Partner  
Daytime Phone #

CP2F003 (10/02)

STAPLE CHECK HERE