

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0012896 AT

DOCUMENT # A96000001761

1. Entity Name  
THEISEN LIMITED PARTNERSHIP



FILED

03 APR 16 AM 10:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

~~7660 HOOPER RD.~~

WEST PALM BEACH FL 33411

Mailing Address

P.O. BOX 528

LOXAHATCHEE FL 33470

2. Principal Place of Business

P.O. BOX 528

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LOXAHATCHEE, FL

City & State

Zip

33470

Country

USA

Zip

Country

4. FEI Number

65-0701365

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent

THEISEN, GERRY L

7660 HOOPER RD.

#32

WEST PALM BEACH FL 33411

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. 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.

\$1.00

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 #

NAME

THEISEN, WAYNE

STREET ADDRESS

~~7660 HOOPER RD.~~

CITY-ST-ZIP

~~WEST PALM BEACH FL 33411~~

STREET ADDRESS

14085 GREENTREE TRAIL

CITY-ST-ZIP

WELLINGTON, FL 33414

DOCUMENT #

NAME

THEISEN, GERRY L

STREET ADDRESS

~~7660 HOOPER RD.~~

CITY-ST-ZIP

~~WEST PALM BEACH FL 33411~~

STREET ADDRESS

14085 GREENTREE TRAIL

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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:

*Wayne Theisen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4-10-03 (561) 841-1450

CR2E003 (10/02)

STAPLE CHECK HERE