

2002 UNIFORM BUSINESS REPORT (UBR)

0019857 AB

DOCUMENT # A97000000107

1. Entity, Name
PAYBACK LIMITED PARTNERSHIP

FILED

02 MAR 25 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MJH

Principal Place of Business
**19900 BEACH ROAD, APT. 503
TEQUESTA FL 33469**

Mailing Address
**8112 W. BLUEMOUND #104
MILWAUKEE WI 53213**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
**20825 SWENSON DR
#150
WAUKESHA, WI
53186 USA**

DUE BY MAY 1, 2002

City & State
WAUKESHA, WI

Zip Country
53186 USA

4. FEI Number **65-0715670**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DUERSTEN, ROBERT
19900 BEACH ROAD, APT. 503
TEQUESTA FL 33469**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
725 W. AIA, STE # A106

City **JUPITER** FL Zip Code **33477**

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 *Henry D. Sanchez*

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

DATE

9. Capital Contributions as Shown on record. **\$1,700,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **- 0 -**

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 #	F0100005402
NAME	PAYBACK HOLDINGS, INC.
STREET ADDRESS	19900 BEACH ROAD, APT. 503
CITY-ST-ZIP	TEQUESTA FL 33469
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	

STREET ADDRESS	20825 SWENSON DR #150
CITY-ST-ZIP	WAUKESHA, WI 53186
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	800005184318--5
CITY-ST-ZIP	-04/03/02--01022--004 ****141.25 ****141.25
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: *Henry D. Sanchez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **2/26/02** Daytime Phone # **262 717-9454**

STAPLE CHECK HERE

CR2E003 (9/01)