


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0020001 MB

<b>DOCUMENT #</b> A97000000107 1. Entity Name <b>PAYBACK LIMITED PARTNERSHIP</b>	
--	---

FILED

03 APR 16 PM 2:43

SECRETARY OF STATE  
TALLAHASSEE FLORIDA.

MJH

Principal Place of Business 19900 BEACH ROAD, APT. 503 TEQUESTA FL 33469	Mailing Address 20825 SWENSON DR., #150 WAUKESHA WI 53186
--	---



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

DUE BY MAY 1, 2003

4. FEI Number <b>65-0715670</b>	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

**DUERSTEN, ROBERT**  
**725 N. A1A, STE #A106**  
**JUPITER FL 33477**

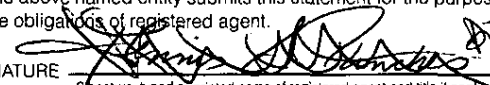
7. Name and Address of New Registered Agent

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  800016089518  
04/16/03--01013--008 \*\*141.25

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

9. Capital Contributions as Shown on record. <b>\$1,700,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>-0-</b>	<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
--	--	--

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 # <b>F01000005402</b> NAME <b>PAYBACK HOLDINGS, INC.</b> STREET ADDRESS <b>20825 SWENSON DR. #150</b> CITY-ST-ZIP <b>WAUKESHA WI 53186</b>	STREET ADDRESS _____ CITY-ST-ZIP _____
DOCUMENT # _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	STREET ADDRESS _____ CITY-ST-ZIP _____
DOCUMENT # _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	STREET ADDRESS _____ CITY-ST-ZIP _____
DOCUMENT # _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	STREET ADDRESS _____ CITY-ST-ZIP _____
DOCUMENT # _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	STREET ADDRESS _____ CITY-ST-ZIP _____
DOCUMENT # _____ NAME _____ 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 REQUIRED** 4/8/03 262-717-9454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)