


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0020001 MB

DOCUMENT # A97000000107 1. Entity Name PAYBACK LIMITED PARTNERSHIP	
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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
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

416

DUE BY MAY 1, 2003

4. FEI Number 65-0715670	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

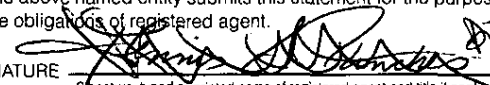
Street Address (P.O. Box Number is Not Acceptable)

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.

800016089518

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

SIGNATURE  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 FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # NAME STREET ADDRESS CITY - ST - ZIP	F01000005402 PAYBACK HOLDINGS, INC. 20825 SWENSON DR. #150 WAUKESHA WI 53186
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
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13.	ADDRESS CHANGES ONLY
STREET ADDRESS	
CITY - ST - ZIP	
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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **4/8/03**

Daytime Phone # **262-717-9454**

CR2E003 (10/02)