

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**A97000000847**

**LIMITED PARTNERSHIP REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Annemie Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

02 JUN -7 PM 2:40

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MJH**

**DOCUMENT #** A97000000847  
**1. Name of Limited Partnership**  
Niebauer Family Partnership, LTD

2001-2002

**2. Principal Office Address**  
11869 High Tech Ave  
Suite, Apt. #, etc.  
City & State  
Orlando, FL  
Zip 32817 Country

**3. Mailing Office Address**  
11869 High Tech Ave  
Suite, Apt. #, etc.  
City & State  
Orlando, FL  
Zip 32817 Country

**4. Date Formed or Registered To Do Business in Florida**  
04-01-97

**5. FEI Number**  
65-0745078  
Applied For  
Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**  \$8.75 Additional Fee required for a Certificate of Status

**7a. Capital Contributions as shown on Record:**  
1,996,800

**7b. Amount of Capital Contributions in FLORIDA to date:**

**8. Name and Address of Current Registered Agent**  
Name  
H. Douglas Powell  
Street Address (P.O. Box Number is Not Acceptable)  
11869 High Tech Ave  
Suite, Apt. #, Etc.  
City State Zip Code  
Orlando FL 32817

**FEES:**  
1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.  
2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.  
3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.  
Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

**9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.**  
SIGNATURE (Registered Agent Accepting Appointment) \_\_\_\_\_  
200005765752-8  
-06/13/02--01066--001  
\*\*\*1000.00 \*\*\*1000.00

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
John A Niebauer	7214 Mockingbird Lane	Middleton, WI 53562	200005765752-8 -06/13/02--01066--002 ***1052.50 ***1052.50
Susan N Timmerman	1801 Cameron Dr	Madison, WI 53711	1000.00 - Adm 437.50 - LP 1052 615.00 - Adm

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

**11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(f) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.**

SIGNATURE Susan N. Timmerman DATE 4-27-02  
Typed or Printed Name of General Partner Signing Form Susan N Timmerman Telephone Number 608-273-8675

CR2E039 (9/01)