


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 MAR 16 AM 10:31

DOCUMENT # A97000000847	
1. Entity Name NIEBAUER FAMILY PARTNERSHIP, LTD.	

Principal Place of Business 1801 CAMERON DRIVE MADISON, WI 53711	Mailing Address 1801 CAMERON DRIVE MADISON, WI 53711
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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03112004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0745078	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

JOHNSON, LESLIE W JR
 2720 E OAKLAND PARK BLVD. #105
 FORT LAUDERDALE, FL 33306-1627

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 _____ DATE _____
Signature, typed or printed name of registered agent and the applicable

9. Capital Contributions as Shown on record. \$1,996,800.00	10. Amount of Capital Contributions in FLORIDA to date.
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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.

STAPLE CHECK HERE

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NIEBAUER, JOHN A	STREET ADDRESS	4498 Coneflower Court
NAME	7214 MOCKINGBIRD LANE	CITY - ST - ZIP	Middleton, WI 53562
STREET ADDRESS	MIDDLETON, WI 53562	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT #	SUSAN NIEBAUER TIMMERMAN (F/K/A) SUSAN NIE	STREET ADDRESS	
NAME	1801 CAMERON DRIVE	CITY - ST - ZIP	
STREET ADDRESS	MADISON, WI 53711	STREET ADDRESS	000032023060
CITY - ST - ZIP		CITY - ST - ZIP	04/07/04--01006--020 **526 25
DOCUMENT #		STREET ADDRESS	
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DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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: Susan Niebauer Timmerman 3-12-04 608-273-8075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #