

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0000192 AT

DOCUMENT # A97000000847

1. Entity Name
NIEBAUER FAMILY PARTNERSHIP, LTD.



FILED
03 SEP 22 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**11869 HIGH TECH AVE.
ORLANDO FL 32817**

Mailing Address
**11869 HIGH TECH AVE.
ORLANDO FL 32817**

2. Principal Place of Business
1801 Cameron Drive

3. Mailing Address
1801 Cameron Drive

Suite, Apt. #, etc.

DUE BY SEPTEMBER 24, 2003

City & State
Madison, WI 53711

City & State
Madison, WI

4. FEI Number **65-0745078**

Applied For
 Not Applicable

Zip **53711** Country

Zip **53711** Country

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

6. Name and Address of Current Registered Agent

**POWELL, H. DOUGLAS
11869 HIGH TECH AVE.
ORLANDO FL 32817**

7. Name and Address of New Registered Agent

Name
Leslie W Johnson Jr

Street Address (P.O. Box Number is Not Acceptable)
2720 E Oakland Park Blvd #105

City
Ft Lauderdale, **FL** Zip Code
33306-1627

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 **Leslie W Johnson Jr** **9-17-03**
Signature, typed or printed name of registered agent and date if applicable. DATE

9. Capital Contributions as Shown on record. **\$1,996,800.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	NIEBAUER, JOHN A 7214 MOCKINGBIRD LANE MIDDLETON WI 53562
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	SUSAN NIEBAUER TIMMERMAN (F/K/A) SUSAN NIE 1801 CAMERON DRIVE MADISON WI 53711
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	300023238783 09/22/03--01070--004 **926.25
STREET ADDRESS	
CITY-ST-ZIP	
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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: **9-18-03 608-273-8675**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (4/03)