2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED
03 MAY -1 PM 6:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

DOCUMENT # A97000000970

1. Entity Name
HENNING/TRION VENTURES I, LIMITED

Principal Place of Business
12824 YACHT CLUB CIRCLE
FORT MYERS, FL 33919

Mailing Address
12824 YACHT CLUB CIRCLE
FORT MYERS, FL 33919

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

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

DUE BY MAY 1, 2003

4. FEI Number 65-0749901 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

U.S. INVESTOR SERVICES, INC.
ATTN: RAINER N. FILTHAUT
4901 TAMIAMI TRAIL NORTH
NAPLES, FL 34103-3010

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 title if applicable.

9. Capital Contributions as Shown on record. $100.00

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L01000009416	STREET ADDRESS	500017848215
NAME	HENNING VENTURES, L.C.	CITY-ST-ZIP	05/01/03--01092--003 **141.25
STREET ADDRESS	12824 YACHT CLUB CIRCLE		
CITY-ST-ZIP	FORT MYERS, FL 33919		
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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: Roger Henning April 22 2003 239-481-9885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)