~2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

A97000002440 · · **DOCUMENT #**

1. Entity Name
H.F. MALLS INVESTMENT, LTD.



APPKUYE:

03 MAR -7 AM 8: 55

SECRETARY OF STALE FAULANASSEE FEORIDA

SEE REVERSE SIDE FOR FEE INFORMATION

Principal Place of Business C/O DIETER A. THIEMAN 11380 PROSPERITY FARMS ROAD. #217 PALM BEACH GARDENS FL 33410		11380 PROSPERITY F	Mailing Address C/O DIETER A. THIEMAN 11380 PROSPERITY FARMS ROAD. #217 PALM BEACH GARDENS FL 33410				
2. Principal Place of Business		3. Mailing Address			11	II BBITE IIBIT BIBIL BIBIL BBIL IBBI	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DUE BY MAY 1, 2003		
City & State		City & State	City & State		er 65-0792168	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate	e of Status Desired	\$8.75 Additional Fee Required	
6. Na	me and Address of Cu	rrent Registered Agent	•	7. Name and	d Address of New Registere	d Agent	
THIEMANN, DIETER 11380 PROSPERITY FARMS ROAD PALM BEACH GARDENS FL 33410				Name Street Address (P.O. Box Number is Not Acceptable)			
	•		City		F	Zip Code	
8. The above named enthe obligations of reg		nent for the purpose of changin	g its registered office or	registered agent, or bo	oth, in the State of Fiorida. I a	m familiar with, and accept	
SIGNATURE Signature, tv	ped or printed name of registere	d agent and title if applicable.		DATI			
9. Capital Contributions as Shown on record. \$376,786.00 in FLORIDA to date.			155 000		LE TO FL. DEPT. OF STATE 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION

12.	GENERAL PARTNER INFORMATION	13.	ADDRESS CHANGES ONLY
DOCUMENT #	P97000095772 H.F. MALLS INVESTMENT CORPORATION	STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	11380 PROSPERITY FARMS ROAD #217 PALM BEACH GARDENS FL 33410	CITY-ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	·
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME	-	STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	U3/10/U3U1044002 **526.25
DOCUMENT / NAME		STREET ADDRESS	600013725846 _03/10/0301044002_**\$26,25
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME		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

IETER A. THIEMANN

SIGNATURE:

561-694-12-00

Daytime Phone #