2001	UNIFORM	BUSINESS	REPORT	(UBR)
		- <u></u> -		

DOCUMENT # A9700002551 1. Entity Name							1	() an	
HAUFLER BROTHERS, LTD.					FILED .				
Principal Place of Business — — — — Mailing Address					01 APR 12 PM 12: 38				
Principal Place of Business Mailing Address					ر <del>ب</del>	01			· · ·
GAINESVILLE FL 32606 GAINESVILLE FL 32606					S	ECRETARY O	F STATE	<u> </u>	
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2. Principal Place of Business 3. Mailing Address				<del> </del>	<del></del>	-			}
					DO NOT WRITE IN THIS SPACE				
Suite, Apt. #, etc. Suite, Apt. #, etc.				· .	DO NOT WAITE IN THIS SPACE				
City & State City & State		City & State			4. FEI Number	59-1246941		Applied For Not Applicable	
Zip		Country	Zip	Cour	ntry	5. Certificate of	of Status Desired		8.75 Additional se Required
	6. Name	and Address of Current F	Registered Agent		N	7. Name and	Address of New Re	egistered Ag	ent
HALIFLER	, EUGENE I	R			Name				
	•	EET, A-100			Street Address (P.O. Box Number is Not Acceptable)				
	LLE FL 326					•••	·-		
					City	FL Zip Code			
8. The above	a named entit	y submits this statement for	the purpose of changing its	s register	ed office or registe	red agent, or both	, in the State of Flor	ida.	
*********									}
SIGNATURE	Signature, typed	or printed name of registered agent ar			d Agent signature require	d when reinstating)		DATE	
<ol><li>Capital Co as Shown</li></ol>	ontributions on record.	\$5,000,000.00	10. Amount of Capi in FLORIDA to o		butions				O DEPT. OF STATE FEE INFORMATION
	A	GENERAL PARTNER THE General Partners MAN	HAT IS A BUSINESS EN	NTITY M	UST BE REGIS	TERED AND A	TIVE WITH THIS	OFFICE.	er
12.	- INOTE	GENERAL PARTNER		13.	i, an unionomor	it mast be mea	ADDRESS CHA		
DOCUMENT#	P95000074667 THIRTY-NINTH AVENUE, INC. 3700 N.W. 91ST STREET, A-100 GAINESVILLE FL 32606			STRI	EET ADDRESS				
NAME STREET ADDRESS			Cr		-ST-ZIP		<del></del>		
CITY-ST-ZIP					-31-21	<u> </u>			
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STREET ADDRESS				CITY	-ST-ZIP	<del></del>		<del></del>	
14. I hereby of indicated the receiv	certify that the lon this repor ver or trustee	e information supplied with t t is true and accurate and the empowered to execute this	his filing does not qualify fo nat my signature shall have report as required by Chap	or the eve	motion stated in Sc	ection 119.07(3)(i) nade under oath; i	Florida Statutes. I t hat I am a General	further certify Partner of the	that the information a limited partnership or
Confirm Ste Relationers									
JIGNAI	SIGNATURE: SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING GENERAL PARTNER Date Daylime Phone #								