

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A99000000420

1. Entity Name
THOBURN LIMITED PARTNERSHIP

FILED
01 MAY 21 AM 7:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**901 N.W. 57TH STREET
GAINESVILLE FL 32605**

Mailing Address
**901 N.W. 57TH STREET
GAINESVILLE FL 32605**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number **59-3564608**

Applied For
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent
**BOVAY, JOHN C
901 N.W. 57TH STREET
GAINESVILLE FL 32605**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

200004423432--4

City **-06/18/01 - 010076-004
****526.25 - ****526.25**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$635,172.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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 | THOBURN, ROBERT TRUSTEE 901 N.W. 57TH STREET GAINESVILLE FL 32605 |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | THOBURN, CAROLYN S TRUSTEE 901 N.W. 57TH STREET GAINESVILLE FL 32605 |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | |
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| 13. ADDRESS CHANGES ONLY | |
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| STREET ADDRESS | |
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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: SIGNATURE Robert R. Quitch **3/28/01** Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (11/00)