

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000000421**

1. Entity Name
THOBURN REAL ESTATE LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

APR 17 AM 11:43

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

Mailing Address
901 N.W. 57TH STREET
GAINESVILLE FL 32605-6416



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3564606		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
BOVAY, JOHN C 633 N.W. 8TH AVENUE GAINESVILLE FL 32601				Name			
				John C. Bovay			
				Street Address (P.O. Box Number is Not Acceptable)			
				901 N.W. 57th Street			
				City		Zip Code	
				Gainesville,		FL 32605	

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.	\$478,028.00	10. Amount of Capital Contributions in FLORIDA to date.	\$478,028	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	THOBURN, ROBERT TRUSTEE 633 N.W. 8TH AVENUE GAINESVILLE FL 32601	STREET ADDRESS	901 N.W. 57th Street
NAME		CITY - ST - ZIP	Gainesville, Florida 32605
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #	THOBURN, CAROLYN S TRUSTEE 633 N.W. 8TH AVENUE GAINESVILLE FL 32601	STREET ADDRESS	901 N.W. 57th Street
NAME		CITY - ST - ZIP	Gainesville, Florida 32605
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	700003237047--3
NAME		CITY - ST - ZIP	-05/03/00--01073--012
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CITY - ST - ZIP			
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CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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: **SIGNATURE REQUIRED** **4/14/00** **352-935-1428**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CRZE003 (9/99)