

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A99000000421

1. Entity Name
THOBURN REAL ESTATE LIMITED PARTNERSHIP

FILED
01 MAY 21 AM 7:55



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

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

DO NOT WRITE IN THIS SPACE

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

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

4. FEI Number **59-3564606** Applied For
Not Applicable

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)
300004423433--1
-06/18/01--01007--005
City ******526. FL ***926.25**

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. **\$478,028.00**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	THOBURN, ROBERT TRUSTEE 901 N.W. 57TH STREET GAINESVILLE FL 32605	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	THOBURN, CAROLYN S TRUSTEE 901 N.W. 57TH STREET GAINESVILLE FL 32605	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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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 FILLED **3/28/01** Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (11/00)