LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** 

B01000000131

1. Entity Name

SPRINGS WINDOW-FASHIONS LP

SIGNATURE: June the Three Signature and typed on printed name of signature partner

SECRETARY OF STATE SION OF CORPORATIONS

/| ||TEB 21 ||PM 3: 56|

02-17-03

803/286-2321

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	O NOT WRI	TE IN THIS	SSPAC	Ε	2000129 02/21/0301045	58882 -009 **52	6.25
2. Principal Place	of Business aber Road	3. Mailing Addre		The state of the s	DO NOT WRITE IN THIS SPACE		
Suite, Apt. #, etc.		Suite, Apt, #, 6	111, Tax I	epartment			
					DUE	BY MAY 1	
City & State Middleton, WI		City & State	' '		4. FEI Number		Applied For
Zip Country		Lancaste Zip	r, SC Counti		58-2585823		Not Applicable
53562	USA	29721-01	<b>I</b>	· .	5. Certificate of Status Desired	□ \$8.7	75 Additional Required
					7. Name and Address of Curren		
	no Nor			Name	Corporation System		
	DO NOT IN THIS S			Street-Address (F 1'200	PO-Box Number is Not Acceptable South Pine Island	e)	
				City Plant	ation		p Code
<ol><li>The above name the obligations</li></ol>	ned entity submits this stateme of registered agent	nt for the purpose of char	nging its registered	office or registere	d agent, or both, in the State of Fi	orida. I am familiar	3324 with, and accept
o oogaaaan	orregistered agent						,
SIGNATURESigna	ture, typed or printed name of registered a	gent and title if applicable		<u>Assist</u>	ti <u>Gilasti lussiusidi</u>	Malarrat	17, 100
9. Capital Contributions		10. Amount	of Capital Contribu	ıtions		X PAYABLE TO FL	
as Shown on re	1,110,075	in FLORI	DA to date.	1,118	. 0/5 SEE REVERS	RF SINE END CEE I	NECRMATION
	NOTE: General Partners	MAY NOT be change	SS ENTITY MU d on the form:	ST BE REGISTI an amendment	ERED AND ACTIVE WITH TH must be filed to change a go	IS OFFICE.	
12.	GENERAL PART	NER INFORMATION			most be med to change a go	merai partner.	ili e arabica (Later Germana)
	F01000001912		STREET	ADDRESS			
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OUTS/ OT 71D	ancaster, SC 29	1720	CITY-S	F-ZIP			
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NAME			STREET	ADDRESS .			
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STREET ADDRESS					IN THIS S	PACE	
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AME			STREET A	DORESS			
TREET ADDRESS							(2) 克莱克克(2) (2)
ITY-ST-ZIP	<u> </u>		CITY-ST-				
<ol> <li>I hereby certify the indicated on this the receiver or treety</li> </ol>	that the information supplied was report is true and accurate armstee empowered to execute	rith this filing does not quand that my signature shall this report as required by	alify for the exempt have the same leg Chapter 620, Flori	ion stated in Section gal effect as if mad da Statutes	on 119.07(3)(i), Florida Statutes. I be under oath; that I am a General	further certify that the Partner of the limit	the information ed partnership or