2001 UNIFORM BUSINESS REPORT (UBR)

REINSTATEMENT 2001

000314 0 AB

DOCUMENT # B98000000426

1. Entity Name

GARDEN PLAZA LIMITED PARTNERSHIP OF PARADISE

FILED
01 OCT 29 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
4201 SOUTH 27TH STREET MILWAUKEE WI 53221	P.O. BOX 211068 MILWAUKEE WI 53221

2. Principal Place of Business	3. Mailing Address
P.O. BOX 137	P.O. BOX 137
Suite, Apt. #, etc.	Suite, Apt. #, etc.
GREENDALE, WI	GREENDALE, WI
Zip: 53129--0137 Country:	Zip: 53129--0137 Country:

DUE BY SEPTEMBER 26, 2001

4. FEI Number 39-1709240 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FORLIZZO, ROBERT A 13577 FEATHER SOUND DRIVE, SUITE 300 CLEARWATER FL 33762	Name Street Address (P.O. Box Number is Not Acceptable): 2903 Rigsby Lane City: Safety Harbor **FL** Zip Code: 34695

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$264,000.00		

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 #		STREET ADDRESS	5111 S. 76th Street
NAME	SCHLYTTER, ROBERT O SR.	CITY-ST-ZIP	Greendale, WI 53129-0137
STREET ADDRESS	4201 SOUTH 27TH STREET		
CITY-ST-ZIP	MILWAUKEE WI 53221		
DOCUMENT #		STREET ADDRESS	
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DOCUMENT #		STREET ADDRESS	200004676852--7
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CITY-ST-ZIP			

CR2E003 (5/01)

STAPLE CHECK HERE

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: Robert O. Schlytter GP RECEIVED 10/25/01 414 281-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #