

2001 UNIFORM BUSINESS REPORT (UBR)

0017061 AF

DOCUMENT # A32246

1. Entity Name

BRANDON LAND PARTNERS, LTD.

FILED
01 APR 27 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 900 NORTH MICHIGAN AVENUE CHICAGO IL 60611	Mailing Address 900 NORTH MICHIGAN AVENUE CHICAGO IL 60611
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 36-3796263	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOT : Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$1,389,556.38	10. Amount of Capital Contributions in FLORIDA to date. 1,389,556.38	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 # F94000003142	NAME USC BRANDON, INC.	STREET ADDRESS	
STREET ADDRESS 900 N. MICHIGAN AVENUE	CITY-ST-ZIP CHICAGO IL 60611-1575	CITY-ST-ZIP	700004218087--0
DOCUMENT #	NAME	STREET ADDRESS	05/15/01-01108-020
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	***567.50 ***526.25
DOCUMENT #	NAME	STREET ADDRESS	
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STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	

Handwritten signature/initials: AF 5/20/01

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: Kim Schwartz *Kim Schwartz* Asst Sec. 4/24/01 312 915-1931
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)