

# 2002 UNIFORM BUSINESS REPORT (UBR)

0016913 AT

DOCUMENT # **A99000001876**

1. Entity Name  
**MIRAMAR SERVICE CENTER I, LIMITED PARTNERSHIP**

**526.25**  
**FILED**  
HAGAN & ASSOCIATES  
020 JUN 17 PM 2:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: **200 EAST RANDOLPH DRIVE, SUITE 4322 CHICAGO IL 60601**  
Mailing Address: **200 EAST RANDOLPH DRIVE, SUITE 4322 CHICAGO IL 60601**



2. Principal Place of Business  
3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

**DUE BY MAY 1, 2002**

4. FEI Number **36-4328739**  
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

**C T CORPORATION SYSTEM  
1200 SOUTH 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$1,031,902.00**  
10. Amount of Capital Contributions in FLORIDA to date. **\$1,664,613**  
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 #	<b>L99000008504</b>	STREET ADDRESS	<b>800005867608--3</b>
NAME	<b>LASALLE MIRAMAR SERVICE CENTER I, L.L.C.</b>	CITY-ST-ZIP	<b>-06/19/02--01075--002</b>
STREET ADDRESS	<b>200 EAST RANDOLPH DRIVE</b>		<b>***2276.25 ****526.25</b>
CITY-ST-ZIP	<b>CHICAGO IL 60601</b>		
DOCUMENT #	<b>M00000000580</b>	STREET ADDRESS	
NAME	<b>SANDLER-SERVICE CENTER 1-JL G.P., L.L.C.</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>448 VIKING DRIVE, SUITE 220</b>		
CITY-ST-ZIP	<b>VIRGINIA BEACH VA 23452</b>		
DOCUMENT #		STREET ADDRESS	<b>BK</b>
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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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 K. HAGAN** **5/30/02** **(312) 228-2050**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003(9/01)