

2002 UNIFORM BUSINESS REPORT (UBR)

0016780 AT

DOCUMENT # **B97000000033**

1. Entity Name

ALLIED DISTRICT PROPERTIES, L.P.

FILED

02 APR 19 PM 4: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 180 N. STETSON AVE., STE. 3240 TWO PRUDENTIAL PLAZA CHICAGO IL 60601	Mailing Address 180 N. STETSON AVE., STE. 3240 TWO PRUDENTIAL PLAZA CHICAGO IL 60601
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DUE BY MAY 1, 2002	
4. FEI Number 36-3964367	Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
LEXIS DOCUMENT SERVICES INC. 3953 W.W. KELLEY ROAD TALLAHASSEE FL 32311

7. Name and Address of New Registered Agent
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. \$4,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.	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 #	F97000000342	STREET ADDRESS	
NAME	ALLIED DISTRICT PROPERTIES CORP.	CITY-ST-ZIP	
STREET ADDRESS	180 N STETSON AVE SUITE 3240		
CITY-ST-ZIP	CHICAGO IL 60601		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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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 REQUIRED** *ELLIS M. GOODMAN* *4.18.02 (312) 565-6554*

CR2E003 (9/01)