

**2002 UNIFORM BUSINESS REPORT (UBR)**

CU169566 AT

**DOCUMENT # B97000000038**

1. Entity Name  
**INTERDEVCO/RBG XLVIII L.P.**

Principal Place of Business <b>154 WEST HUBBARD STREET, SUITE 600 CHICAGO IL 60610</b>	Mailing Address <b>154 WEST HUBBARD STREET, SUITE 600 CHICAGO IL 60610</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>P. O. Box 1489</b>
City & State	City & State <b>Homewood, Illinois</b>
Zip	Country
Zip <b>60430</b>	Country

**FILED**  
**02 AUG 19 PM 9:31**  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



**DUE BY MAY 1, 2002**

4. FEI Number **36-4132382** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**COBER CORPORATE AGENTS, INC.  
2601 SOUTH BAYSHORE DRIVE, 19TH FLOOR  
MIAMI FL 33133**

7. Name and Address of New Registered Agent

Name **Kupfer, Kupfer & Skolnick, PA**  
Street Address (P.O. Box Number is Not Acceptable) **1700 University Dr. Suite 110**  
City **Coral Springs, FL** Zip Code **FL 33071**

*changed state*

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 **\$2,600,000.00**

10. Amount of Capital Contributions in FLORIDA to date **2,600,000.00**

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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>F97000000303 RBG XLVIII CORP. 154 WEST HUBBARD STREET, SUITE 250 CHICAGO IL 60610</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>L96000001187 INTERDEVCO-SPRINGS L.C. 7241 JOG ROAD LAKE WORTH FL 33467</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>600007315336--7</b>
CITY-ST-ZIP	<b>-08/23/02--01058--001</b> <b>****926.25 ****926.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

STAPLE CHECK HERE

CR2E003 (9/01)

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: *[Signature]* **SIGNATURE REQUIRED** *Robert Ross* **312-464-0100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER