

# 2000 UNIFORM BUSINESS REPORT (UBR)

*my*

**DOCUMENT # B99000000136**

1. Entity Name  
**BLACKHAWK PACES TARPON SPRINGS L.P.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 MAY -1 PM 12:06

Principal Place of Business 100 NORTH LASALLE STREET, SUITE 910 CHICAGO IL 60602	Mailing Address 100 NORTH LASALLE STREET, SUITE 910 CHICAGO IL 60602-2404
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number 36-4283319	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent

**LEXIS DOCUMENT SERVICES INC.**  
3953 WW KELLEY ROAD  
TALLAHASSEE FL 32301

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. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$1,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**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 #	<b>F99000001489</b>
NAME	<b>BLACKHAWK PACES TARPON SPRINGS, INC.</b>
STREET ADDRESS	<b>100 NORTH LASALLE STREET, SUITE 910</b>
CITY - ST - ZIP	<b>CHICAGO IL 60602</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>300003280393-1</b>
CITY - ST - ZIP	<b>-06/07/00--01092--021</b> <b>****141.25 ****141.25</b>
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
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

By: **Blackhawk Paces Tarpon Springs, Inc., Gen'l. Ptn.**

**SIGNATURE:** By: *Gary S. Richman* **REQUIRED**, President 4/25/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #  
Gary S. Richman

FILED