2000 UNIFORM BUSINESS REPORT (UBR)

OOCUMENT # B9900000148					
Inlight Retail Real Estate Limited Partnership				FILED SECRETARY OF STATE DIVISION OF CORPORATIONS	
cipal Place of Business Mailing Address			<u> </u>	00 APR 10 PM 1:37	
901 Butterfield Road 2901 Butterfield Brook, IL 60523 Oak Brook, IL Tage County DuPage Country DuPage Country Samuel A. Orticelli, Senior Country		LL 60	0523	OO AL (C) O THE C)	
Principal Place of Business 3. Mailing Address		ilise.	<u>L</u>		
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE	
City & State	City & State	City & State		4. FEI Number 36 – 4246656	Applied For Not Applicable
Zip Country	Zip	Count	try	5 Cortificate of Status Desired	8.75 Additional ee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
Corporation System			Name		
200 S. Pine Island Road Lantation, FL 33324			Street Address (P.O. Box Number is Not Acceptable)		
,					
			City	FL	Zip Code
. The above named entity submits this statement	t for the purpose of changing its	reaistere	ed office or register	red agent, or both, in the State of Florida.	
IGNATURE Signature, typed or printed name of registered ag Capital Contributions as Shown on record. \$2,000	ent and title if applicable (NOTE 10. Amount of Capita in FLORIDA to da	al Contrib	d Agent signature required outions	of when reinstating) DATE 11. MAKE CHECK PAYABLE SEE REVERSE SIDE FOR	
A GENERAL PARTNEI	R THAT IS A BUSINESS EN	TITY M	UST BE REGIST	FERED AND ACTIVE WITH THIS OFFICE	
	MAY NOT be changed on the NER INFORMATION	ne form 13.	; an amendmen	t must be filed to change a general part ADDRESS CHANGES ONL	
2. GENERAL PARTI DCUMENT # F9800006597	NER INFORMATION				
AME Inland Retail Re IREET ADDRESS Inc 2901 Butte	eal Estate Trus erfield Road,	t,	-ST-ZIP	4000032080 	
DOLUMENT# Oak Brook, IL 60	.523	STRE	ET ADDRESS		
ME REET ADDRESS TY-ST-ZIP		CITY	-ST-ZIP	2 0	
DCUMENT # -	- · · · · · · · · · · · · · · · · · · ·	STRE	ET ADDRESS	11.00	
TREET ADDRESS TY-ST-ZIP	-	CITY-	-ST-ZIP	4/,	·
DOUMENT #		STRE	ET ADDRESS		
TY-ST-ZIP		CITY-	-ST-ZIP		
OCUMENT / • AME	;	STRE	ET ADDRESS		
IREET ADDRESS		CITY	-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	;
DCLMENT#		STRF	ET ADORESS	1	
AME TREET ADDRESS	30/10/20/20/20/20/20/20/20/20/20/20/20/20/20	CITY	-ST-ZIP	<u> </u>	
4" I hareby cartify that the information supplied y	- DOME 3 - COUNTY OF STATE OF	the exe	motion stated in Sa	ection:119.07(3)(i) Florida Statutes I further cert	ify that the information
indicated on this report is true and accurate a the receiver or trustee empowered prescute	and that my signature shall have t	the same	e legal effect as if n	nade under oath; that I am a General Partner of	the limited partnership or