

2000 UNIFORM BUSINESS REPORT (UBR)

0014174 M

DOCUMENT # **B99000000212**

1. Entity Name
JDI HOLLYWOOD LIMITED PARTNERSHIP

FILED
00 JAN 27 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 150 SOUTH WACKER DRIVE, SUITE 2660, CHICAGO IL 60606
Mailing Address: 150 SOUTH WACKER DRIVE, SUITE 2660, CHICAGO IL 60606-4202

~~608952~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 36-4296034		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record: **\$2,725,000.00** 10. Amount of Capital Contributions in FLORIDA to date: **\$2,700,000.00** 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	M99000000826	STREET ADDRESS	
NAME	JDI HOLLYWOOD L.L.C.	CITY - ST - ZIP	
STREET ADDRESS	150 SOUTH WACKER DRIVE, SUITE 2660		
CITY - ST - ZIP	CHICAGO IL 60606		
DOCUMENT #		STREET ADDRESS	
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CITY - ST - ZIP			

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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: *[Signature]* 1/17/00 312-782-4550
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

Kevin Connor

CR2E003 (9/99)