## 2002 UNIFORM BUSINESS REPORT (UBR)

STAPLE UMEUN HERE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DOCUMENT # A30927  1. Entity Name				FILED			
LOCKWOOD ASSOCIATES LIMITED PARTNERSHIP					SECRETARY OF STATE DIVISION OF CORPORATIONS		
Principal Place of Business Mailing Address 4182 LIVE OAK BLVD. 4182 LIVE OAK BLVD. DELRAY BEACH FL 33445 DELRAY BEACH FL 33445					02 APR -2 AM 10: 43		
2. Principal Place of Business		3. Mailing Address			-{		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DUE BY MAY 1, 2002		
City & State		City & State			4. FEI Number 65-0235715 Applied For Not Applicable		
Zip	Country	Zip	Coun	ntry	5. Certificate of Status Desired		
<del></del>	6. Name and Address of Current I	Registered Agent		Name	7. Name and Address of New Registered Agent		
FELNER, JAY 4182 LIVE OAK BLVD. F. T. C. ST.					ddress (P.O. Box Number is Not Acceptable)		
DELRAY BEACH FL 33445				City	FL Zip Code		
8. The above	named entity submits this statement for	the purpose of changing its	register	ed office or registe	ered agent, or both, in the State of Florida.		
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable.			DATE		
9. Capital Co as Shown		10. Amount of Capita in FLORIDA to da		butions \$478,	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION		
	NOTE: General Partners MA	Y NOT be changed on th	TITY M	IUST BE REGIS 1; an amendmei	TERED AND ACTIVE WITH THIS OFFICE. nt must be filed to change a general partner.	Į.	
12.	GENERAL PARTNER	INFORMATION .	13.	·	ADDRESS CHANGES ONLY	اٰ :	
DOCUMENT # NAME STREET ADDRESS	HIGHLAND PARK IL 60035			EET AODRESS	· · · · · · · · · · · · · · · · · · ·	200	
CITY-ST-ZIP DOCUMENT #			GIRY	-ST-ZIP	- A	ì	
NAME STREET ADDRESS			1	EET ADDRESS			
CITY-ST-ZIP			CITY	-ST-ZiP	F0000F00F1355		
DOCUMENT # NAME			STRE	EET ADDRESS	500052361255 -04/10/0201071002 ****526.25 ****526.25		
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP	####JE5.E5		
NAME			STRE	EET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	S CAMPAGE			-ST-ZIP			
DOCUMENT # NAME			\$ STRI	EET ADDRESS			
STREET AD TRESS CITY-ST-ZIP	A STATE OF S			'-ST-ZIP		1	
DOCUMENT # NAME	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ŞTRE	EET ADDRESS		j I	
STREET ADDRESS CITY-ST-ZIP	P P			-ST-ZIP			
14. I hereby of indicated the received	certify that the information supplied with on this report is true and accurate and ver or truetee empowered to execute this	this filing does not qualify for that my signature shall have t speopt as required by Chapt	the exe he same er 620,	mption stated in Se e legal effect as if r Florida Statutes	ection 119.07(3)(i), Florida Statutes. I further certify that the information made under oath; that I am a General Partner of the limited partnership or		

3/6/02

Date

(847) 432-3666

Daytime Phone #