

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0019866
AB

DOCUMENT # **B93000000539**

1. Entity Name

ECD-BRIAR CREEK LIMITED PARTNERSHIP

02 APR 25 PM 12: 39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**1641 BARCLAY BLVD.
BUFFALO GROVE IL 60089**

Mailing Address

**1641 BARCLAY BLVD.
BUFFALO GROVE IL 60089**



2. Principal Place of Business

250 Parkway Drive

3. Mailing Address

250 Parkway Drive

Suite, Apt. #, etc.

Suite #120

Suite, Apt. #, etc.

Suite #120

DUE BY MAY 1, 2002

City & State

Lincolnshire, Illinois

City & State

Lincolnshire, Illinois

4. FEI Number

36-3914430

Applied For

Not Applicable

Zip

Country

60069

US

Zip

Country

60069

US

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$3,300,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$3,300,000.00

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 # **F93000004901**
NAME **ECD-BRIAR CREEK, INC.**
STREET ADDRESS **1641 BARCLAY BLVD.**
CITY-ST-ZIP **BUFFALO GROVE IL 60089**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **250 Parkway Drive, Suite #120**
CITY-ST-ZIP **Lincolnshire, Illinois 60069**

DOCUMENT #
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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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-24-02

847-229-9200

CR2E003 (9/01)