

**2015 FOREIGN LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# B16000000022

**Entity Name:** 635 NORTH 2ND STREET, L.P.

**Current Principal Place of Business:**

43 DUKES LANE  
ATTN: LAWRENCE MOLLER  
LINCOLNSHIRE, IL 60069

**Current Mailing Address:**

43 DUKES LANE  
ATTN: LAWRENCE MOLLER  
LINCOLNSHIRE, IL 60069

**FEI Number:** 20-2165192

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WILLIAMS, PATRICIA  
1600 ST. LUCIE BOULEVARD  
#306  
STUART, FL 34996 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**General Partner Detail :**

Document #  
Name MOLLER, LAWRENCE  
Address 43 DUKES LANE  
City-State-Zip: LINCOLNSHIRE IL 60069

Document #  
Name CHARAL, BARBARA  
Address 1714 BIRCHWOOD  
City-State-Zip: NORTHBROOK IL 60062

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LAWRENCE MOLLER

**MANAGER**

**03/16/2015**

\_\_\_\_\_  
Electronic Signature of Signing General Partner Detail

\_\_\_\_\_  
Date