

2001 UNIFORM BUSINESS REPORT (UBR)

0018507 AF

DOCUMENT # A13126

1. Entity Name

LINCOLN ISLAND ASSOCIATES NO. 1, LIMITED

FILED

[Handwritten Signature]

01 MAR 28 AM 7:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2700 SANDERS ROAD PROSPECT HEIGHTS IL 60070
Mailing Address 2700 SANDERS ROAD PROSPECT HEIGHTS IL 60070

2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 75-1843929 Applied For Not Applicable

5. Certificate of Status Desired [] \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 S. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$24,461,655.00

10. Amount of Capital Contributions in FLORIDA to date.

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 # F90358
NAME HI VENTURE FOUR, INC.
STREET ADDRESS 2700 SANDERS ROAD
CITY-ST-ZIP PROSPECT HEIGHTS IL 60070

STREET ADDRESS
CITY-ST-ZIP 300003961123--8
-04/05/01--01075--027
****526.25 ****526.25

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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]* VICE PRESIDENT 3/16/01 (847) 564-7943
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)