

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED  
PARTNERSHIP  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 DEC 16 AM 10:38

AL12/26

DOCUMENT # A13126

1. Name of Limited Partnership

LINCOLN ISLAND ASSOCIATES NO. 1 LIMITED

REINSTATEMENT 2003

2. Principal Office Address

2700 SANDERS ROAD

Suite, Apt. #, etc.

City & State

PROSPECT HEIGHTS IL

Zip

60070

Country

USA

3. Mailing Office Address

ATTN: FRED SCHIMEL

Suite, Apt. #, etc.

2700 SANDERS ROAD

City & State

PROSPECT HEIGHTS IL

Zip

60070

Country

USA

8. Name and Address of Current Registered Agent

Name

CT CORPORATION

Street Address (P.O. Box Number is Not Acceptable)

1200 S. PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

4. Date Formed or Registered  
To Do Business in Florida

5. FEI Number

75-1843929

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7a. Capital Contributions as shown on Record:

24,461,655

7b. Amount of Capital Contributions in FLORIDA to date:

24,461,655

FEES:

1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.

2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.

3.) Penalty Fee(s): \$500 penalty fee for each year report form is due.

Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee. TOTAL Fee Due - \$1,026.25

9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

10. Name(s) of General Partner(s)

Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

City, State and Zip Code

10a. Registration  
Document Number

HI Venture Fair, Inc.

2700 Sanders Road

PROSPECT HEIGHTS IL

60070

300025538753

12/16/03--01071--008 \*\*1026.25

A13126

REINSTATEMENT

2003

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

FRED SCHIMEL, Vice President HI Venture Fair, Inc.

DATE

12-1-03

Typed or Printed Name of General Partner Signing Form

FRED SCHIMEL V.P.

Telephone Number

847 564-7943

2 of 2  
Lincoln Island Associates No. 1 Ltd.  
Lincoln Island Associates No. 3 Ltd.

2700 Sanders Road  
Prospect Heights IL 60070  
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 DEC 16 AM 10:38

December 11, 2003

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee FL 32314

RE: Lincoln Island Associates No. 1 Limited- document number A13126  
Lincoln Island Associates No. 3 Limited- document number A13128

To Whom It May Concern:

Please find enclosed the Limited Partnership Reinstatement forms for the above referenced partnerships. Also enclosed are two (2) checks, each for \$1,026.25, representing the payment of the filing fee (\$437.50), supplemental fee (\$88.75) and penalty fee (\$500.00) for both partnerships.

I apologize that the returns were not initially timely submitted, however, we never received the forms from your office. It is imperative that future forms be sent to my attention at the mailing address indicated on the reinstatement form

Should you have any questions, please call me at (847) 564-7943.

Sincerely,  
HI Venture Four, Inc.  
General Partner of LIA 1 and LIA 3  
Limited Partnerships



Fred Schimel  
Vice President

Enclosures- Reinstatement forms, check numbers 00074153 and 00074154