2002 UNIFORM BUSINESS REPORT (UBR)

UNCOUN ISLAND ASSOCIATES NO. 3, LIMITED Principal Pleas of Business Mailing Address 2700 SANDERS ROMD 2700 Country 2700 Coun	DOCUMENT # A13128 1. Entity Name								FILED	1	•	954 A
2. Principal Place of Business 2. Making Address Subtraction (P. C. Sutto, Apr. 4, etc. Sutto, Apr. 4, etc	LINCOLN ISLAND ASSOCIATES NO. 3, LIMITED											
Sulfe, Apt. #, etc. DUE BY MAY 1, 2002 Applied For Not Applicable Not Appl	2700 SANDERS ROAD 2700 SANDERS ROAD								-			1
City & State Country Country Country Country S. Cerdificate of Status Desired Set Regulated Fee Regulated To Name and Address of New Registered Agent City City FL Zip Code FL Zip Code R. The above named actity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Prorice. SIGNATURE Fee Regulated Contributions Signate, Space or primate account deplaces. DARK DARK Signate, Space or primate account deplaces. DARK Signate, Space or primate account deplaces. DARK	Principal Place of Business 3. Mailing Address											
To Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Res Principled Res Prin	Suite, Apt. #, etc. Suite, Apt. #, etc.							DUE BY MAY 1, 2002				
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City City FL Zip Code 8. The above named antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 9. Capital Contributions 2. Capital Contributions 2. A GENERAL PARTINER 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 filled to range ageneral partner. 12. GENERAL PARTINER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. STREET ADDRESS H I VENTURE FOUR, NC. STREET ADDRESS OTT- 51-2P DOUMBNY / NAME STREET ADDRESS OTT- 5	City & State City & State							4. FEI Number	75-1843952			ole
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City FL Zip Code	Zip Country Zip					Cour	ntry	5. Certificate o	f Status Desired			
12. 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 filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY 13. MADDRESS CHANGES ONLY 14. VENTURE FOUR, INC. 25. GENERAL PARTNER INFORMATION 15. STREET ADDRESS CITY-ST-2P DOCUMENT / NAME STREET ADDRESS CITY-ST-2P DOCUMENT / STREET ADDRESS CITY-ST-2P DOCUMENT / STREET ADDRESS CITY-ST-2P DOCUMENT / NAME STREET ADDRESS CITY-ST-2P DOCUMENT / STREET ADDRESS CITY-ST-2P DOCUMENT / NAME S		6. Name	and Address of Current	Registe	red Agent		Name	7. Name and A	ddress of New Registe	red Ag	gent	\exists
B. 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 Symbol 1. Special Contributions S. 1, 100,000.00 10. Amount of Capital Contributions S. 1, 100,000.00 10. Amount of Capital Contributions S. EREPLAND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DODUMBNI / NAME STREET ADDRESS CITY-ST-2P DOCUMBNI / STREET ADDR							Street Address (P.O. Box Number is Not Acceptable)					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE 9. Capital Contributions	PLANTATI	ION FL 3332	24				City			<u> </u>	Zip Code	_
9. Capital Contributions \$1,100,000.00 19. Amount of Capital Contributions in FLORIDA to date. **Total Contributions*** **A GENERAL PARTINER 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 filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY **TOTAL COLUMBRI I NUMBER OF THE COLUMBRI I NUMBER OF	8. The above	named entity	submits this statement fo	r the pu	rpose of changing its	register	·	ered agent, or both		rL		-
9. Capital Contributions as Shown on record. \$1,100,000.00 10. Amount of Capital Contributions as Shown on record. 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 filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY CITY-ST-2P	SIGNATURE.											{
12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DOCUMENT / POUSSE H I VENTURE FOUR, INC. 2700 SANDERS ROAD PROSPECT HEIGHTS IL 60070 SIREET ADDRESS CHY-ST-ZIP NAME SIREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP CITY-ST-ZI	9. Capital Contributions \$1 100 000 00 10. Amount of Capital C						ntributions 11. MAKE CHECK PAYABLE TO DEPT. 0					
DOCUMENT NAME F90358		A G NOTE:	ENERAL PARTNER T General Partners MA	HAT IS	A BUSINESS EN be changed on th	TITY M	IUST BE REGIS n; an amendme	TERED AND AC	TIVE WITH THIS OF to change a general	FICE. I parti	ner.	
NAME STREET ADDRESS CITY-ST-ZIP THE TADDRESS CITY-ST-ZIP CITY-								ADDRESS CHANGES ONLY				
NAME STREET ADDRESS CITY-ST-ZIP THE TADDRESS CITY-ST-ZIP CITY-	NAME H I VENTURE FOUR, INC. 2700 SANDERS ROAD											CR2E003 (9/01)
CITY-ST-ZIP	DOCUMENT #	PROSPEC	I HEIGHTS IL 60070			STRE	EET ADDRESS	20	 1000510		1922	CR2E
NAME STREET ADDRESS CITY-ST-ZIP COCUMENT I NAME STREET ADDRESS CITY-ST-ZIP COCUMENT I STREET ADDRESS CITY-ST-ZIP COCUMENT STREET ADDRESS CITY-ST-ZIP COCUMENT STREET ADDRESS CITY-ST-ZIP COCUMENT STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS					CITY	r-ST-ZIP		-03/15/02 -	01	006020	\exists
CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP		:				STRI	EET ADDRESS		·			
NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP						CITY	r-st-zip					
CITY-ST-ZIP DOCUMENT DOCUMENT NAME STREET ADDRESS CITY-ST-ZIP		! !				STRE	EET ADDRESS					
NAME STREET ADDRESS CITY-ST-ZIP COCUMENT # NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP						CITY	Y-ST-ZIP					
CITY-ST-ZIP COCUMENT # NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	NAME					STRE	EET ADDRESS					
NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP					CITY	r-ST-ZIP					
CITY-ST-ZIP ↓	NAME					STRE	EET ADDRESS					
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	CITY-ST-ZIP	andifuthat 1	information according to the	this fill-	an doop not qualify for			notion 110 07/31/0	Elorida Statutas I funta-	r 00#15	u 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

STAPLE CHECK HERE