2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER INCOMPORTATION GENERAL PARTNER TO G

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DOCUMENT # A14327 1. Entity Name									
FIRST FORT LAUDERDALE PLACE, LTD.						FILED			
Principal Place of Business Mailing Address					01	APR 25 PH	12: 15		
100 N.E. 3RD AVE. FT. LAUDERDALE FL 33301 US		% DRAPER AND KRAMER, INC./ATTN: L. MADSEN 33 W. MONROE ST. CHIACAGO IL 60603 US			SECRETAR OF TATE				
2. Principal Place of Business		3. Mailing Address] THE PROPERTY OF THE PROPERTY AND THE PROPERTY OF THE PROPERT				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI Number	36-3226552		Applied Not App	
Zip Country		Zip Coun		atry	5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent				Name	7. Name and	Address of New Rec	istered Ag	ent	
C T CORPORÂTION SYSTEM									
	INE ISLAND ROAD			Street Address (P.O. Box Number is Not Acceptable)					
PLANTATION FL 33324									
				City			FL	Zip Code	
8. The above	named entity submits this statement for	the purpose of changing its	register	ed office or register	ed agent, or both	, in the State of Floric	la.	·	
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable (NOT	E- Bagistara	d Agent signature required	when reinstating)		DATE		_
A Comittee Country storm					with the state of	11. MAKE CHECK		O DEPT. OF STAT	E .
as Shown on record. \$1,100,000.00 in FLORIDA to date A GENERAL PARTNER THAT IS A BUSINESS ENTI				HET DE DECIET	EDED AND A			FEE INFORMATIO	DN
	NOTE: General Partners MA	/ NOT be changed on t				to change a gen	eral partn		
12. GENERAL PARTNER INFORMATION				3. ADDRESS CHANGES ONLY					— ફ
DOCUMENT # NAME	855609 DRAPER AND KRAMER,INCORP			ET ADDRESS					1,0
STREET ADDRESS CITY-ST-ZIP	33 WEST MONROE STREET CHICAGO IL		CITY	CITY-ST-ZIP					ZE003 (11/00)
DOCUMENT # NAME	KRAMER, DOUGLAS 33 WEST MONROE STREET CHICAGO IL		STRE	ET ADDRESS			_		
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DOCUMENT # NAME			STRE	ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP				ST-ZIP					
indicated	certify that the information supplied with to on this report is true and accurate and the error trustee empowered to execute this	hat my signature shall have.	the same	llegal effect as if m	ction 119.07(3)(i), ade under oath; t	, Florida Statutes. I fu that I am a General P	rther certify artner of the	that the informa e limited partners	tion ship or

4-24-01

Date

312-795-2220

Daytime Phone #