

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A19120**

1. Entity Name

ELSTON INVESTMENT PARTNERSHIP NO. 36/REDEMPTION,

FILED

00 MAY 30 PM 4: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**ROCKLAND OFFICE PLAZA, STE. 208
11 N. SKOKIE HWY.
LAKE BLUFF IL 60044**

Mailing Address
**ROCKLAND OFFICE PLAZA, STE. 208
11 N. SKOKIE HWY.
LAKE BLUFF IL 60044-1796**

2. Principal Place of Business
38304 N. North Shore

3. Mailing Address
38304 N. North Shore

Suite, Apt. #, etc.
c/o Cindy Glass

Suite, Apt. #, etc.
c/o Cindy Glass

City & State
Beach Park, Illinois

City & State
Beach Park, Illinois

Zip
60087

Country
USA

Zip
60087

Country
USA

4. FEI Number
36-3337135

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FROST, CHARLES
223 S.W. 28TH STREET
FT. LAUDERDALE FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record. **\$360,000.00**

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

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

**ECKER, BERNARD
408 SUNSET LANE
GLENCOE IL**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

**500003299615--4
-06/21/00--01093--019
****526.25 ****526.25**

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #