

2002 UNIFORM BUSINESS REPORT (UBR)

0019945 AB

DOCUMENT # **A19955**

1. Entity Name

LANE CLEARWATER LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JUN 24 AM 8:43



Principal Place of Business 1200 SHERMER ROAD NORTHBROOK IL 60062	Mailing Address 1200 SHERMER ROAD NORTHBROOK IL 60062
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DUE BY MAY 1, 2002	
4. FEI Number 36-3359866	Applied For <input type="checkbox"/> Not Applicable

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
CT 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	DATE
Signature, typed or printed name of registered agent and title if applicable.	

9. Capital Contributions as Shown on record. \$13,526,744.00	10. Amount of Capital Contributions in FLORIDA to date. 13,526,744	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	P06189	STREET ADDRESS	
NAME	LANE PROPERTIES, INC	CITY-ST-ZIP	
STREET ADDRESS	1200 SHERMER RD		
CITY-ST-ZIP	NORTHBROOK IL 60062		
DOCUMENT #		STREET ADDRESS	500005914905--9
NAME		CITY-ST-ZIP	05/27/02--90369--039
STREET ADDRESS			***\$535.00 ***\$535.00
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
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NAME		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	Date	Daytime Phone #
	Scott R. Schory	4/29/02	(847) 498-6650

CR2E003 (9/01)