

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A20087**

1. Entity Name

DT-11 LIMITED PARTNERSHIP

Principal Place of Business

% SALT CREEK VENTURES
15 SALT CREEK LN., SUITE 411
HINSDALE IL 60521

Mailing Address

% SALT CREEK VENTURES
15 SALT CREEK LN., SUITE 411
HINSDALE IL 60521

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2660050

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOWERS, ROBERT C
206 COLONY SPRINGS LANE
MAITLAND FL 32751

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.

\$100.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME **BEALE, JOSEPH S.**
STREET ADDRESS **161 E. CHICAGO AVE. #32G**
CITY-ST-ZIP **CHICAGO IL 60601**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME **KING, ROBERT E.**
STREET ADDRESS **15 W 90 SEDGLEY RD**
CITY-ST-ZIP **BURR RIDGE IL 60521**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME **HUTCHISON, DAVID A.**
STREET ADDRESS **154 BRIARWOOD NORTH**
CITY-ST-ZIP **OAK BROOK IL 60523**

STREET ADDRESS

CITY-ST-ZIP

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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:

DAVID A. HUTCHISON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

01/29/01

Date

630/789-0033

Daytime Phone #

0018527 AF

CR2E003 (11/00)

FILED

01 FEB -11 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE