

# 2002 UNIFORM BUSINESS REPORT (UBR)

0016902 AT

DOCUMENT # **A23338**

1. Entity Name

**FIRST WILKOW VENTURE, LTD.**

**FILED**  
**02 APR 19 PM 4:06**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



Principal Place of Business <b>180 N. MICHIGAN AVENUE SUITE 200 CHICAGO IL 60601</b>	Mailing Address <b>180 N. MICHIGAN AVENUE SUITE 200 CHICAGO IL 60601</b>
---	---

2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

<b>DUE BY MAY 1, 2002</b>	
4. FEI Number <b>36-6169280</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**C T 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 <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE
--	------

9. Capital Contributions as Shown on record. <b>\$1,000,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. <b>MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
---	---	--

**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	STREET ADDRESS	
NAME	<b>WILKOW, CLIFTON J.</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>20 EAST CEDAR</b>		
CITY-ST-ZIP	<b>CHICAGO IL</b>		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	<b>WILKOW, MARC R.</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>135 VINE AVENUE</b>		
CITY-ST-ZIP	<b>HIGHLAND PARK IL</b>		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

**200005481832--1**  
**-05/07/02--01080--012**  
**\*\*\*\*\*526.25 \*\*\*\*\*526.25**

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

**MARC R. WILKOW 4-26-02 312-726-9622**

Date Daytime Phone #

CR2E003 (9/01)