2002	UNIFORM BUSI	NESS REPO	RT (UBI	R)
1. Entity Nam	::	7		FILED
AMBERGATE APARTMENTS, LTD.				02 MAY 13 PM 3: 37
Principal Place of Business  801 UNO LAGO DRIVE  JUNO BEACH FL 33408  Mailing Address  801 UNO LAGO DRIVE  JUNO BEACH FL 33408				SECRETARY OF STATE TALLAHASSEE, FEORIDA.
	lace of Business 1. RIVERSIDE Plaza	3. Mailing Address	5 # IL	
Two A Suite, Apt.	, , , , , , , , , , , , , , , , , , , ,	Suite, Apt. #, etc.	رج 4 کا۔	DUE BY MAY 1, 2002
City & Stat	e	City & State		4. FEI Number 65-0319568 Applied For Not Applicable
Zip ( <u>loD()</u> (	Country 26 USA	Zip	Country	5. Certificate of Status Desired See Required Fee Required
	6. Name and Address of Current R	egistered Agent	Name	7. Name and Address of New Registered Agent
LEXIS DOCUMENT SERVICES INC. 3953 WW KELLEY ROAD			Street A	Address (P.O. Box Number is Not Acceptable)
TALLAHA	SSEE FL 32311		City	FL Zip Code
9 The above	named entity submits this statement for	the number of changing its	registered office of	or registered agent, or both, in the State of Florida.
SIGNATURE.	•		registered office of	
9. Capital Co		10. Amount of Capita in FLORIDA to da		111 MAKE CHECK PAYABLE TO DEPT OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
as onowin	A GENERAL PARTNER TH	IAT IS A BUSINESS EN	TITY MUST BE	REGISTERED AND ACTIVE WITH THIS OFFICE. endment must be filed to change a general partner.
12.	GENERAL PARTNER		13.	ADDRESS CHANGES ONLY
DOCUMENT # NAME	B93000000305 ERP Operating Limite	•	STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	Two N. Riverside Pla Chicago, II 60606	<u></u>	CITY-ST-ZIP	
NAME STREET ADDRESS	F00000003726 ERP-QRS Ambergate, In		STREET ADDRESS	
CITY-ST-ZIP	Two N. Riverside Plaz Chicago, IL 60606	za	CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS		· · ·	STREET ADDRESS	
CITY-ST-ZIP DOCUMENT #			CITY-ST-ZIP	5000053936055
NAME STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP	
CITY-ST-ZIP  DOCUMENT #			STREET ADDRESS	
NAME STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	
DOCUMENT #			STREET ADDRESS	BK
STREET ADDRESS CITY-ST-ZIP			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 his report as required by Chapter 620, Florida Statutes

ROGENERAL PARTNER. Date Daying Prone #

$\Lambda = -\lambda = -\lambda$
COUNT FLING COV PSHEET
ACCOUNT NUMBER: FLADSONO 5
REFERENCE: 2033782-
DATE: $4/30$
REQUESTOR HAME: Lexis Document Services 2
ALL NO TO
ADDRESS:
To P O
ORDER 37
TELEPHONE: () () oxt () CONTACT NAME:
A device / A device /
CORPORNITION HAME: Ambergate Apartments, Ltd
DOCUMENT NUMBER: A23747 (if applicable)
AUTHORIZATION: Cynthin J. Woodigad 2000
CERMINETED CODY (1 a)
CERTIFIED COPY (1-9) CERTIFICATE OF STATUS (1-9) PLAIN STAMPED COPY
) Call When Ready ( ) Call if Problem ( ) After 4:30 ( ) Hall Out ( ) Pick Up
02 T
97.56  ALMON - 88.75  BK
ARMPU 88.75
BK 88.75
A (A 2)
K X L- //