

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0017036 AT

**DOCUMENT #** A23747

1. Entity Name  
AMBERGATE APARTMENTS, LTD.



FILED

03 APR 22 AM 8:47

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH

Principal Place of Business  
ATTN: L. CURRIE  
TWO N. RIVERSIDE PLAZA, SUITE 400  
CHICAGO IL 60606

Mailing Address  
ATTN: L. CURRIE  
TWO N. RIVERSIDE PLAZA, SUITE 400  
CHICAGO IL 60606



2. Principal Place of Business <i>Two N. Riverside Plaza</i>		3. Mailing Address <i>402</i>		<b>DUE BY MAY 1, 2003</b>	
Suite, Apt. #, etc. <i>400</i>		Suite, Apt. #, etc.		4. FEI Number <b>36-4387523</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**LEXIS DOCUMENT SERVICES INC.**  
3953 WW KELLEY ROAD  
TALLAHASSEE FL 32311

7. Name and Address of New Registered Agent

Name, *Corporation System*

Street Address (P.O. Box Number is Not Acceptable)

*1700 S Pine Island Rd*

City *MIAMI* State **FL** Zip Code *33324*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$13,365.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <i>13,365</i>	11. MAKE CHECK PAYABLE TO FL. 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 #	B9300000305	STREET ADDRESS	
NAME	ERP OPERATING LIMITED PARTNERSHIP	CITY-ST-ZIP	
STREET ADDRESS	TWO N. RIVERSIDE PLAZA		
CITY-ST-ZIP	CHICAGO IL 60606		
DOCUMENT #	F00000003726	STREET ADDRESS	<b>600016657636</b>
NAME	ERP-QRS AMBERGATE, INC.	CITY-ST-ZIP	<i>04/22/03--01032--025 **190.92</i>
STREET ADDRESS	TWO N. RIVERSIDE PLAZA		
CITY-ST-ZIP	CHICAGO IL 60606		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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:** *Bullock Shuman* **SIGNATURE REQUIRED** *Bullock Shuman* **ABST Sec 7** *4/15/03* *312-474-1300*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E003 (10/02)

STAPLE CHECK HERE