

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A25005

1. Entity Name
**GULF AND PACIFIC COMMUNICATIONS LIMITED
PARTNERSHIP**



FILED

03 MAY 22 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
900 N. MICHIGAN AVE.
STE 900
CHICAGO, IL 60611

Mailing Address
900 N. MICHIGAN AVE.
STE 900
CHICAGO, IL 60611

2. Principal Place of Business
900 N. Michigan Avenue

3. Mailing Address
900 N. Michigan Avenue



Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1400

Suite 1400

City & State

City & State

Chicago, Illinois

Chicago, Illinois

Zip
60611

Country

USA

Zip

60611

Country

USA

DUE BY MAY 1, 2003

4. FEI Number

36-3522970

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record. \$150,000.00

10. Amount of Capital Contributions
in FLORIDA to date. \$148,500.00

11. MAKE CHECK PAYABLE TO FL. 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

DOCUMENT # F92000000426
NAME PACIFIC PROPERTIES, INC.
STREET ADDRESS 900 N. MICHIGAN AVE.
CITY-ST-ZIP CHICAGO, IL

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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
Assistant Secretary of Pacific Properties, Inc.

SIGNATURE: *Karen M. Ewing*

Karen M. Ewing

04/11/03

(312) 915-1969

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE