(847) 432-3666 Daytime Phone #

## **2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A30927  1. Entity Name						
LOCKWOOD ASSOCIATES LIMITED PARTNERSHIP				DIVISION OF CORDSTATE		
Principal Place of Business 4182 LIVE OAK BLVD. DELRAY BEACH FL 33445		Mailing Address 4182 LIVE OAK BLVD. DELRAY BEACH FL 33445-7005		DIVISION OF CORPORATIONS  00 APR 26 AM 3: 05		
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number 65-0235715 Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent		
FELNER, JAY				Street Address (P.O. Box Number is Not Acceptable)		
4182 LIVE OAK BLVD.						
DELRAY BEACH FL 33445			City	y <b>FL</b> Zip Code		
8. The above named entity submits this statement for the purpose of changing its regi						
9. Capital Co as Shown	on record.  A GENERAL PARTNER	10. Amount of Capit in FLORIDA to d	al Contributions ate.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION REGISTERED AND ACTIVE WITH THIS OFFICE. ndment must be filed to change a general partner.		
12.	GENERAL PARTNE		13.	ADDRESS CHANGES ONLY		
DOCUMENT # NAME	F92000000906 RUG PROPERTIES CORP.		STREET ADDRESS			
STREET ADORESS CITY - ST - ZIP	600 CENTRAL AVE., #365 HIGHLAND PARK IL 60035		CITY-ST-ZIP	7000032459276 -05/09/0001133019		
DOCUMENT#			STREET ADDRESS	****526.25 ****526.25		
STREET AOORESS CITY - ST - ZIP			CITY~ST-ZIP			
DOCUMENT# NAME			STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			C(TY~ST-ZIP			
DOCUMENT# NAME			STREET ADDRESS			
STREET ADDRESS CITY - ST - ZIP			CITY-ST-ZIP			
DOCUMENT# NAME	·		STREET ADDRESS			
STREET ADDRESS CITY-ST-			CITY-ST-ZIP			
DOCUMENT# NAME			STREET ADDRESS			
STREET ADORESS City - St - ZIP	-		CITY-ST-ZIP			
indicated	certify that the information supplied wit on this report is true and accurate an ver or trustee empowered to execute the	d that my signature shall have.	the same legal effec	ted in Section 119.07(3)(i), Florida Statutes. I further certify that the information of as if made under oath; that I am a General Partner of the limited partnership or lutes		