

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A30938**

1. Entity Name
WILLOUGHBY VENTURE LIMITED PARTNERSHIP



FILED

03 APR 16 PM 2:45

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business
**4182 LIVE OAK BLVD.
DELRAY BEACH FL 33445**

Mailing Address
**4182 LIVE OAK BLVD.
DELRAY BEACH FL 33445**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number **65-0235740**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FELNER, JAY

4182 LIVE OAK BLVD.

WILLOUGHBY VENTURE LIMITED PARTNERSHIP

DELRAY BEACH FL 33445

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.

9. Capital Contributions
as Shown on record.

\$1,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

1,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **F92000000906**
NAME **RUG PROPERTIES CORP**
STREET ADDRESS **600 CENTRAL AVE., #365**
CITY-ST-ZIP **HIGHLAND PARK IL 60035**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **FELNER, JAY**
NAME **FELNER, JAY**
STREET ADDRESS **4182 LIVE OAK BLVD.**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **\$1,000.00**
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **\$1,000.00**
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **F92000000906**
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **600 CENTRAL AVE., #365**
NAME
STREET ADDRESS
CITY-ST-ZIP **HIGHLAND PARK IL 60035**

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

RUG Properties Corp

By: **Robert U. Goldman, V.P.**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

3/25/03

(847) 432-3666

(20/01) 000320

0012417 AT

0012417 AT

SIAPLE CHECK HERE