

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0012417 AT

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

4116

DUE BY MAY 1, 2003

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0235740**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

I, 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 **JAY**
STREET ADDRESS **4182 LIVE OAK BLVD.**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

STREET ADDRESS

CITY-ST-ZIP

800016104868
04/16/03--01031--004 **141.25

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

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **F92000000906**
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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: _____
By: **Robert U. Goldman, V.P.** 3/25/03 (847) 432-3666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

0012417 AT

(20/01) 0002820

SAMPLE CHECK HERE