2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A30939 1. Entity Name GRACE & WARING HRF LIMITED PARTNERSHIP					SEGRETARY OF STATE DIVISION OF CORPORATIONS		
Principal Place of Business Mailing Address						J	
4182 LIVE OAK BLVD. 4182 LIVE OAK BLVD. DELRAY BEACH FL 33445 DELRAY BEACH FL 33445			15				
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9 Principal P	lace of Business	3. Mailing Address					
z. Filiopairi	G. Walling Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DUE BY MAY 1, 2002		
City & State		City & State			4. FEI Number 65-0235703 Applie	ed For pplicable	
Zip Country		Zip Country		itry	5 Contificate of Status Posited S8.75 Addition		
	6. Name and Address of Current	Registered Agent	<u> </u>	1	7. Name and Address of New Registered Agent		
U. Maile did Address of Carlott Hogisterox Agent				Name			
FELNER, JAY 4182 LIVE OAK BLVD.				Street Address (P.O. Box Number is Not Acceptable)			
DELRAY BEACH FL 33445							
				City	FL Zip Code		
8. The above	named entity submits this statement fo	r the purpose of changing its	s register	ed office or registe	tered agent, or both, in the State of Florida.		
	• •	. •			n = n		
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable.			DATE		
9. Capital Co as Shown of		10. Amount of Capi in FLORIDA to o	tal Contri date.	butions \$1,00	11. MAKE CHECK PAYABLE TO DEPT. OF S SEE REVERSE SIDE FOR FEE INFORMA		
	A GENERAL PARTNER 1	HAT IS A BUSINESS E	NTITY N	IUST BE REGIS	STERED AND ACTIVE WITH THIS OFFICE. ent must be filed to change a general partner.		
12.	GENERAL PARTNER		13.		ADDRESS CHANGES ONLY		
DOCUMENT # NAME	F9800000673 KING'S CROSSING REALTY CORP.			EET ADDRESS			
STREET ADDRESS	ADDRESS 600 CENTRAL AVE., #365		CITY	r-ST-ZIP	0.999		
CITY-ST-ZIP DOCUMENT #	HIGHLAND PARK IL 60035-3257			<u> </u>	710		
NAME 1				EET ADDRESS	Br.		
STREET ADDRESS CITY-ST-ZIP	DRESS - CIP C			r-ST-ZIP			
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NAME STREET ADDRESS				, CT 7/D	500005235145 -04/10/0201036024		
C1TY-ST-ZIP			- III	r-ST-ZiP	****141.25 ****141.	.25	
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STREET ADDRESS CITY-ST-ZIP	SS (1,0) (2)			/-ST-ZIP	•	Ì	
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NAME STREET ADDRESS			SIR	EL+ MUUNEOS			
CITY-STAZIP	The state of the s		CITY	r-st-zip			
DOCUMENT # NAME	THE REPORT OF	·;	STR	EET ADDRESS			
STREET ADDRESS	REET ADDRESS		CIT	r-ST-ZIP			
CITY-ST-ZIP	partifu that the information aumaind with	this filing does not qualify to			Section 119 07(3Vi) Florida Statutes 1 further certify that the inform	mation	
indicated the receiv	on this report is true and accurate and ver or trustee empowered to execute the	that my signature shall have is report as required by Cha	the sam pter 620,	e legal effect as if Florida Statutes	Section 119.07(3)(i), Florida Statutes. I further certify that the inform f made under oath; that I am a General Partner of the limited partners.	nership or	

SIGNATURE:

STAPLE CHECK HERE

Nathan Wagner, Pres. 3/6/02

(847) 432-3666

Date