CR2E003 (11/00)

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DOCUMENT # A30940									FILES		
GRACE & WARING VENTURE LIMITED PARTNERSHIP								FILED SECRETARY OF STATE DIVISION OF CORPORATIONS			
1								01 APR -9 PM 12: 24			
Principal Place of Business Mailing Address									,		• •
4182 LIVE OAK BLVD. DELRAY BEACH FL 33445 DELRAY BEACH FL 33445											
2. Principal I		3. Mailing Addre									
Suite, Apt. #, etc. Suite, Apt. #, etc.						DO NOT WRITE IN THIS SPACE					
,				Suite, Apt. #, etc.				DO NOT WRITE	IN THIS SPA	10E	
City & State				City & State				4. FEI Numbe	65-0235704		Applied For Not Applicable
Zip	Zip Country			Zip Coun		intry		5. Certificate of Status Desired \$8.75 Additions		3.75 Additional	
6. Name and Address of Current F				Registered Agent			7. Name and	Address of New Reg		e Required	
						Name					•
FELNER, JAY 4182 LIVE OAK BLVD.						Street A	et Address (P.O. Box Number is Not Acceptable)				
DELRAY BEACH FL 33445										,	
						City				FL	Zip Code
The above named entity submits this statement for the purpose of changing its registered of							r register	ed agent, or both	n, in the State of Florid	la.	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
9. Capital Contributions as Shown on record. \$1,000.00 10. Amount of Capital Contributions in FLORIDA to date. 10. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION											
as Shown	A G		AL PARTNER T	HAT IS A BUSIN	ESS ENTITY N	MUST BE	REGIST	ERED AND A	CTIVE WITH THIS	OFFICE.	
NOTE: General Partners MAY NOT be changed on the 12. GENERAL PARTNER INFORMATION						n; an ame	endmen	t must be filed	ADDRESS CHAN		er
DOCUMENT #	F92000000				STF	REET ADDRESS					
NAME STREET ADDRESS	RUG PROPERTIES CORP. 600 CENTRAL AVE., #365 HIGHLAND PARK IL 60035			cn		מר די א					
CITY-ST-ZIP						Y-ST-ZIP 	ļ				
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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 that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership of the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes RUG Properties Corp.											that the information limited partnership or
SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Date Date Dayling Phone #											

Daytime Phone #