(847) 432-3666

Daytime Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

STAPLE CHECK HERE

SIGNATURE:

DOCUMENT # A30951 1. Entity Name				*F :E.V.U			
QUEENS NASSAU NH DEVELOPERS LIMITED PARTNERSHIP				SECRETARY OF STATE PIVISION OF CORPORATIONS:			
Principal Place of Business 4182 LIVE OAK BLVD. DELRAY BEACH FL 33445 Mailing Address 4182 LIVE OAK BLVD. DELRAY BEACH FL 33445					02 APR -2 AM (0: 1		
Principal Place of Business 3. Mailing Address							
Suite, Apt. #, etc. Suite, Apt. #, etc.				DUE BY MAY 1, 2002			
City & State City & State		City & State			4. FEI Number 65-0235728	Applied For Not Applicable	
Zip	Zip Country		Zip Country		5. Certificate of Status Desired		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
FELNER, JAY 4182 LIVE OAK BLVD. DELRAY BEACH FL 33445			Name	Street Address (P.O. Box Number is Not Acceptable)			
			Street A				
			City	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.							
SIGNATURE							
9. Capital Contributions as Shown on record \$1,000.00 In FLORIDA to date \$1,000.00					11. MAKE CHECK PAYABLE TO	O DEPT. OF STATE	
GE INVESTIGE OF THE INCOMMENTAL							
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. GÉNERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DOCUMENT / F92000000904							
NAME NW PRO	ANY DOODERTIES CODE				A (5		
STREET ADDRESS CITY-ST-ZIP 600 CENTRAL AVE., #365 HIGHLAND PARK IL 60035			CITY-ST-ZIP				
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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 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 trastee empowered to execute this report as required by Chapter 620. Florida Statutes							

Nathan Wagner, Treas. 3/6/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date