

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0012467 AT

DOCUMENT # A30953

1. Entity Name
LOVELY HILLS DEVELOPERS LIMITED PARTNERSHIP



FILED

03 APR 16 PM 2:44

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
4182 LIVE OAK BLVD.

3. Mailing Address
4182 LIVE OAK BLVD.

Suite, Apt. #, etc.

City & State

Zip Country

DUE BY MAY 1, 2003

4. FEI Number **65-0235718**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FELNER, JAY
4182 LIVE OAK BLVD.
DELRAY BEACH FL 33445

7. Name and Address of New Registered Agent

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 # F92000000904	NAME NW PROPERTIES CORP	STREET ADDRESS	
STREET ADDRESS 600 CENTRAL AVE., #365		CITY-ST-ZIP	
CITY-ST-ZIP HIGHLAND PARK IL 60035			
DOCUMENT # FELNER, JAY	NAME 4182 LIVE OAK BLVD.	STREET ADDRESS	
STREET ADDRESS DELRAY BEACH FL 33445		CITY-ST-ZIP	500016105215
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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 trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **NW Properties Corp.**
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 #

0012467 AT (201) 3003230