

2000 UNIFORM BUSINESS REPORT (UBR)

OURRNS AF

DOCUMENT # A30955
 1. Entity Name
29-31 ASSOCIATES LIMITED PARTNERSHIP

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 APR 26 AM 3:05



Principal Place of Business
**4182 LIVE OAK BLVD.
 DELRAY BEACH FL 33445**

Mailing Address
**4182 LIVE OAK BLVD.
 DELRAY BEACH FL 33445-7005**

2. Principal Place of Business. Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address. Suite, Apt. #, etc.
 City & State
 Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0235699** 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
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.

11. **MAKE CHECK PAYABLE TO 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

DOCUMENT #	F93000000614
NAME	DHD CORP.
STREET ADDRESS	600 CENTRAL AVE., #365
CITY - ST - ZIP	HIGHLAND PARK IL 60035
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
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STREET ADDRESS	
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 trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE **By: Nathan Wagner, Pres.** 2-22-00 (847) 432-3666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #