

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0012442 AT


<b>DOCUMENT # A30955</b> 1. Entity Name <b>29-31 ASSOCIATES LIMITED PARTNERSHIP</b>	
---	---

FILED

03 APR 16 PM 4:07

Principal Place of Business <b>4182 LIVE OAK BLVD. DELRAY BEACH FL 33445</b>	Mailing Address <b>4182 LIVE OAK BLVD. DELRAY BEACH FL 33445</b>
---	---

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip

<b>DUE BY MAY 1, 2003</b>
4. FEI Number <b>65-0235699</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

0012442 AT

<b>6. Name and Address of Current Registered Agent</b>  <b>FELNER, JAY</b> <b>4182 LIVE OAK BLVD.</b> <b>DELRAY BEACH FL 33445</b>	<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable)  City
--	--

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.

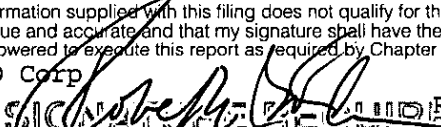
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	9. Capital Contributions as Shown on record. <b>\$1,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>1,000.00</b>	11. <b>MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
--	--	---	--

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 #	F9300000614	STREET ADDRESS	
NAME	DHD CORP.	CITY-ST-ZIP	
STREET ADDRESS	600 CENTRAL AVE., #365		
CITY-ST-ZIP	HIGHLAND PARK IL 60035		
DOCUMENT #	FELNER, JAY	STREET ADDRESS	
NAME	JAY	CITY-ST-ZIP	
STREET ADDRESS	4182 LIVE OAK BLVD.		
CITY-ST-ZIP	DELRAY BEACH FL 33445		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	F9300000614	STREET ADDRESS	
NAME	DHD CORP.	CITY-ST-ZIP	
STREET ADDRESS	600 CENTRAL AVE., #365		
CITY-ST-ZIP	HIGHLAND PARK IL 60035		

0012442 AT

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:	DHD Corp By:  Robert U. Goldman, Treas. 3/25/03	(847) 432-3666
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date Daytime Phone #