

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 APR 29 PM 6:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0019987 AB

DOCUMENT # A31014

1. Entity Name

THE IMAGES - ILLINOIS LIMITED PARTNERSHIP

Principal Place of Business

201 EAST OGDEN AVE.
SUITE 26
HINSDALE IL 60521

Mailing Address

201 EAST OGDEN AVE.
SUITE 26
HINSDALE IL 60521



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

36-3722702

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SULLIVAN, MICHAEL J
111 NORTH ORANGE AVENUE, SUITE 2050
ORLANDO FL 32801

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record.

\$1,100,000.00

10. Amount of Capital Contributions in FLORIDA to date.

1,100,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P28424
NAME PC IMAGES, INC.
STREET ADDRESS 201 E. OGDEN AVE. #26
CITY-ST-ZIP HINSDALE IL

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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:

Howard W. Edson
SIGNATURE REQUIRED
PRESIDENT OF GENERAL PARTNER

4/23/02 630-325-5000

Date

Daytime Phone #

CR2E003 (9/01)