

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A31812**

1. Entity Name

WESTON HILLS COUNTRY CLUB LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 19 AM 11:43

Principal Place of Business
**900 NORTH MICHIGAN AVENUE, SUITE 1900
CHICAGO IL 60611**

Mailing Address
**900 NORTH MICHIGAN AVENUE, SUITE 1900
CHICAGO IL 60611-1542**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0061766		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				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. \$20,413,435.00		10. Amount of Capital Contributions in FLORIDA to date. \$20,413,435.00		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 #	P34422	STREET ADDRESS	WHCC, INC.	STREET ADDRESS	700003241447--9		
NAME	WHCC, INC.	CITY - ST - ZIP	900 N. MICHIGAN AVE.	CITY - ST - ZIP	--05/05/00--01034--017		
STREET ADDRESS	900 N. MICHIGAN AVE.	CITY - ST - ZIP	CHICAGO IL	CITY - ST - ZIP	***526.25 ***526.25		
CITY - ST - ZIP	CHICAGO IL	CITY - ST - ZIP		CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS		STREET ADDRESS			
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CITY - ST - ZIP		CITY - ST - ZIP		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: *Karen M. O'Mahoney* **Karen M. O'Mahoney** 04/14/00 (312) 915-1969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Asst. Secretary Date Daytime Phone #

CR2E003 (9/99)