

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

APPROVED
AND
FILED

DOCUMENT # A31812

1. Entity Name:

WESTON HILLS COUNTRY CLUB LIMITED PARTNERSHIP

02 APR 30 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
900 North Michigan Avenue

3. Mailing Address
900 North Michigan Avenue

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.
Suite 900

Suite, Apt. #, etc.
Suite 900

DUE BY MAY 1

City & State
Chicago, Illinois

City & State
Chicago, Illinois

4. FEI Number
65-0061766

Applied To
Not Applicable

Zip
60611

Country
USA

Zip
60611

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

City
Plantation FL Zip Code
33324

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 state if applicable

DATE

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

DOCUMENT # P34422
NAME WHCC, Inc.
STREET ADDRESS 900 North Michigan Avenue
CITY- ST- ZIP Chicago, Illinois 60611

STREET ADDRESS

CITY- ST- ZIP

~~200005504342-4~~
-05/10/02--01104--019
****526.25 ****526.25

DOCUMENT #
NAME
STREET ADDRESS
CITY- ST- ZIP

STREET ADDRESS

CITY- ST- ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY- ST- ZIP

STREET ADDRESS

CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

DOCUMENT #
NAME
STREET ADDRESS
CITY- ST- ZIP

STREET ADDRESS

CITY- ST- ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY- ST- ZIP

STREET ADDRESS

CITY- ST- ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY- ST- ZIP

STREET ADDRESS

CITY- ST- ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption suited in Section 119.07(3)(b), 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.

By: WHCC, Inc.

SIGNATURE:

Harold M. Ewing

Asst. Secretary

03/21/02

(312) 915-1969

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Expiring Period

CR2E0036 (12 01)