

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A31812

1. Entity Name  
**WESTON HILLS COUNTRY CLUB LIMITED  
PARTNERSHIP**



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

Mailing Address  
900 NORTH MICHIGAN AVENUE, SUITE 900  
CHICAGO, IL 60611

**FILED**  
03 APR 30 AM 5:36  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

4/30



2. Principal Place of Business  
**900 N. Michigan Avenue**  
Suite, Apt. #, etc.  
**Suite 1400**

3. Mailing Address  
**900 N. Michigan Avenue**  
Suite, Apt. #, etc.  
**Suite 1400**

City & State  
**Chicago, Illinois**

City & State  
**Chicago, Illinois**

4. FEI Number  
**65-0061766**

Applied For  
Not Applicable

Zip Country  
**60611 USA**

Zip Country  
**60611 USA**

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

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324**

**7. Name and Address of New Registered Agent**

Name

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

**100017341501**  
**04/30/03--01007--013 \*\*526.25**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title 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 FL. 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 #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P34422  
WHCC, INC.  
900 N. MICHIGAN AVE.  
CHICAGO, IL**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
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**13. ADDRESS CHANGES ONLY**

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

**Assistant Secretary of WHCC, Inc.**

**SIGNATURE: Karen M. Ewing**

**Karen M. Ewing**

**04/11/03**

**(312) 915-1969**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CRZE003 (10/02)

STAPLE CHECK HERE