

2002 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

FILED

02 MAY -1 PM 1:11

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # A33486

1. Entity Name

Fort Myers, Florida 992 Limited Partnership

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
13000 N. Cleveland Avenue

Suite, Apt. #, etc.

3. Mailing Address Attn: T. Donile
2355 S. Arlington Hts Rd

Suite, Apt. #, etc.
Suite 400

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

City & State
Ft. Myers, Florida

City & State
Arlington Heights, Illinois

4. FEI Number
65-0357862

Applied For
Not Applicable

Zip
33903

Country
US

Zip
60005

Country
US

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
The Prentice-Hall Corporation System, Inc.

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays St.

Suite 105

City
Tallahassee

FL

Zip Code
32301

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. \$600,000

10. Amount of Capital Contributions
in FLORIDA to date. \$600,000

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 # V58911
NAME AP Equities of Florida, Inc.
STREET ADDRESS 2355 S. Arlington Heights Rd #400
CITY-ST-ZIP Arlington Heights, IL 60005

STREET ADDRESS 000005505320--1
CITY-ST-ZIP -05/13/02--01015--024
****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 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

By: AP Equities of Florida, Inc., its general partner

SIGNATURE:

JAMES B. DALE
Secretary

4/25/02

847-228-5400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date:

Daytime Phone #

CR2E003B (12/01)

MJH