

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

MAY 10 2003

DOCUMENT # A95000001825



1. Entity Name
DAYTONA VENTURES LIMITED PARTNERSHIP

FILED

2003 MAR -3 AM 8:55

**DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA**



Principal Place of Business
**330 MELVIN DRIVE, SUITE 4
NORTHBROOK IL 60062**

Mailing Address
**330 MELVIN DRIVE, SUITE 4
NORTHBROOK IL 60062**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

DUE BY MAY 1, 2003

4. FEI Number **36-4050362** 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

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
STE. 105
TALLAHASSEE FL 32301**

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

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

9. Capital Contributions as Shown on record. **\$7,500.00** 10. Amount of Capital Contributions in FLORIDA to date. **0** 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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P95000089463**
NAME **DAYTONA VENTURES INC.**
STREET ADDRESS **330 MELVIN DRIVE, SUITE 4**
CITY-ST-ZIP **NORTHBROOK IL 60062**

STREET ADDRESS
CITY-ST-ZIP
200013336142
03/03/03--01054--012 **141.25

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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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-6-03 **847)656-8100**
Date Daytime Phone #

CR2E003 (10/02)