

2002 UNIFORM BUSINESS REPORT (UBR)

0016829 AT

DOCUMENT # A95000001877

1. Entity Name

WILROAD ASSOCIATES LIMITED PARTNERSHIP

FILED

02 JAN 25 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BJH



Principal Place of Business

1801 HERMITAGE BLVD.
TALLAHASSEE FL 32308

Mailing Address

180 N. LASALLE ST. #3400
C/O GAIL CAREY
CHICAGO IL 60601

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-4053497

Applied For

Not Applicable

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

SCHOW, HORACE II
1801 HERMITAGE BLVD.
TALLAHASSEE FL 32308

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

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

DATE

9. Capital Contributions
as Shown on record.

\$82,631,533.00

10. Amount of Capital Contributions
in FLORIDA to date.

83,507,408.00

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 # P95000090147
NAME WILROAD INC.
STREET ADDRESS 1801 HERMITAGE BLVD.
CITY-ST-ZIP TALLAHASSEE FL 32308

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

Wilroad, Inc., general partner

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
THOMAS M. BARDI

1/21/02 314541-6751
Date Daytime Phone #

CR2E003 (9/01)