

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0017167 AT

**DOCUMENT # A97000002451**



1. Entity Name  
**VILLA DEVELOPMENT PARTNERS, LTD.**

**FILED**  
03 MAY -5 PM 5:06  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business 875 N. MICHIGAN AVENUE. #3620 CHICAGO IL 60611	Mailing Address 875 N. MICHIGAN AVENUE. #3620 CHICAGO IL 60611
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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 **65-0805667**      Applied For  
Not Applicable

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

**DUE BY MAY 1, 2003**

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

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

**MANSUR, E. BARRY**  
1117 SCHEFFLERA DRIVE  
CAPTIVA FL 33924

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. <b>\$1,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 #	P97000104892	STREET ADDRESS	
NAME	FLORIDA ATLANTIC REALTY CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	1117 SCHEFFLERA DRIVE		
CITY-ST-ZIP	CAPTIVA FL 33924		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	<b>100017924891</b>
STREET ADDRESS			<b>05/05/03--01015--005 **1130.00</b>
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		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

**SIGNATURE:** SIGIKAWARD R KOWALSKI  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: **4-30-03**      Daytime Phone #

CR2E003 (10/02)