

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAY -5 PM 5:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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AV

DOCUMENT # A98000001754

1. Entity Name
LA COVADONGA RETIREMENT INVESTORS, LTD.



Principal Place of Business
3737 W. ARTHUR
LINCOLNWOOD IL 60712

Mailing Address
C/O NORMAN GINSPIRG
3389 SHERIDAN ST., #195
HOLLYWOOD FL 33021

2. Principal Place of Business
6865 N. Lincoln Ave.

3. Mailing Address

Suite, Apt. #, etc.
Lincolnwood, IL

Suite, Apt. #, etc.

City & State
Lincolnwood, IL

City & State

Zip 60712

Country

Zip

Country

4. FEI Number 65-0857683

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GINSPIRG, NORMAN
11190 BISCAYNE BLVD.
NORTH MIAMI FL 33181

7. Name and Address of New Registered Agent

Name

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

000018002910
05/05/03--01037--004 **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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions
as Shown on record. \$247,500.00

10. Amount of Capital Contributions
in FLORIDA to date. 247,500.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P98000064359
NAME LA COVADONGA RETIREMENT LIVING, INC.
STREET ADDRESS 11190 BISCAYNE BLVD.
CITY-ST-ZIP N. MIAMI FL 33181

STREET ADDRESS

CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Philip G. Gorman

4-30-03

Date

Daytime Phone #

CR2E003 (10/02)

PLEASE CHECK HERE