

2001 UNIFORM BUSINESS REPORT (UBR)

0003196 AB

DOCUMENT # - A98000001909

1. Entity Name

3339 LAUDERDALE LIMITED PARTNERSHIP

Principal Place of Business

330 MELVIN DRIVE, SUITE 4
NORTHBROOK IL 60062

Mailing Address

330 MELVIN DRIVE, SUITE 4
NORTHBROOK IL 60062

FILED

01 JUL 25 AM 8:47



2. Principal Place of Business

3339 ~~LA~~ N. Federal Hwy
Suite, Apt. #, etc.

3. Mailing Address

3339 N. Federal Hwy.
Suite, Apt. #, etc.

DUE BY SEPTEMBER 26, 2001

City & State

Oakland Park, FL

City & State

Oakland Park, FL

4. FEI Number

65-0855241

Applied For

Not Applicable

Zip

33306

Country

Zip

33306

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

Andrew Barnett

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

3339 N. Federal Hwy

City

Oakland Park

FL

Zip Code

33306

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/12/01

9. Capital Contributions
as Shown on record.

\$50,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

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 # P98000058473
NAME 3339 LAUDERDALE, INC.
STREET ADDRESS 330 MELVIN DRIVE, SUITE 4
CITY-ST-ZIP NORTHBROOK IL 60062

13. ADDRESS CHANGES ONLY

STREET ADDRESS

3339 N. Federal Hwy.

CITY-ST-ZIP

Oakland Park, FL 33306

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

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

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7/12/01

Date

Daytime Phone #

CR2E003 (5/01)

STAPLE CHECK HERE