

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0003159
MB

DOCUMENT # **A98000002617**

1. Entity Name
PR APARTMENTS LIMITED PARTNERSHIP



FILED

03 SEP 23 AM 10:10

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business
**1951 NE 191 DRIVE
NORTH MIAMI BEACH FL 33179**

Mailing Address
**8707 SKOKIE BLVD.
SUITE 103
SKOKIE IL 60077**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9/23



DUE BY SEPTEMBER 24, 2003

4. FEI Number **36-2473843**

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

**KURZER, MARTIN
1951 N.E. 191 DRIVE
NORTH MIAMI BEACH FL 33179**

Name
Palmetto Charter Services, Inc.
Street Address (P.O. Box Number is Not Acceptable)
150 Magnolia Avenue
City
Daytona Beach **FL** Zip Code
32114

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

9/18/03
DATE

9. Capital Contributions
as Shown on record. **\$2,256,760.00**

10. Amount of Capital Contributions
in FLORIDA to date.

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 # **P98000096275**
NAME **OKFLA CORPORATION**
STREET ADDRESS **8501 NORTH LOTUS**
CITY-ST-ZIP **SKOKIE IL 60077**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

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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)(l), 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

9/17/03

(847) 966-0350

Date Daytime Phone #

CR2E003 (4/03)