2001 UN	IFORM BUS	INESS REPO	RT	(UBR)				
DOCUMENT # - A9900001110					FILES			
PLATA ROCA LIMITED PARTNERSHIP					SECRETARY OF STATE DIVISION OF CORPORATIONS			
Principal Place of Business Mailing Address				01 APR -9 PM 12: 24			4	
600 CENTRAL AVE #365 HIGHLAND PARK IL 6003	600 CENTRAL AVE #365 HIGHLAND PARK IL 6003							
Principal Place of Business 3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State			4. FEI Number	88-0406464		Applied For Not Applicable
Zip			Cour	itry	5. Certificate of Status Desired			
6. Nar	ne and Address of Current	Registered Agent		7. Name and Address of New Registered Agent				
C T CORPORATION SYSTEM				Name Jay Felner Street Address (P.O. Box Number is Not Acceptable)				
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				4182 Live Oak Boulevard				
				City Delr	Delray Beach FL Zip Code 33445			Zip Code 33445
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, speed or granted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
9. Capital Contributions as Shown on record. 10. Amount of Capital Contributions in FLORIDA to date.				<u> </u>	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.								er.
12.	·	ADDRESS CHANGES ONLY						
DOCUMENT / F990000 NAME STREET ADDRESS SILVER F	ROCK REALTY CORP.	Car Zu	(,	ET ADDRESS				
CITY-ST-ZIP HIGHLAN	HIGHLAND PARK IL 60035		CITY	- ST-ZIP				
NAME STREET ADDRESS	·			ET ADDRESS	7000040093075 -04/16/0101010005			
CITY-ST-ZIP DOCUMENT #				-ST-ZIP	-04/16/0101010005 ****526.25 ****526.25)10005 ***\$28.25
STREET ADDRESS	سرغېست سا اب ومت		~ ~~	-ST-ZIP		بويت - شرحح		
CITY-ST-ZIP DOCUMENT #				ET ADDRESS	-		<u></u>	
NAME STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP				
DOCUMENT ≠ NAME		, .	STRE	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY-	-ST-ZIP			· · · · · · · · · · · · · · · · · · ·	
DOCUMENT / NAME		• •	STRE	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP				ST-ZIP				
14. I hereby certify that t indicated on this rep the receiver or trusto	he information supplied with ort is true and accurate and e empowered to execute this	this filing does not qualify for that my signature shall have a report as required by Chap	r the exer the same ter 620, F	mption stated in S legat effect as if l florida Statutes	ection 119.07(3)(i), made under oath; ti	Florida Statutes. I fur hat I am a General Pa	ther certify artner of the	that the information a limited partnership or

Nathan Wagner, Pres.

2/27/01 Date

(847) 432-3666

Daytime Phone #