

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0020090 MB

DOCUMENT # A99000001110

1. Entity Name
PLATA ROCA LIMITED PARTNERSHIP



FILED
03 APR 16 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
600 CENTRAL AVE., #365
HIGHLAND PARK IL 60035

Mailing Address
600 CENTRAL AVE., #365
HIGHLAND PARK IL 60035



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number **88-0406464**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

FELNER, JAY
4182 LIVE OAK BLVD.
PLATA ROCA LIMITED PARTNERSHIP
DELRAY BEACH FL 33445

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

9. Capital Contributions as Shown on record. **\$197,491.00**

10. Amount of Capital Contributions in FLORIDA to date. **197,491.00**

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 # **F99000003535**
NAME **SILVER ROCK REALTY CORP.**
STREET ADDRESS **600 CENTRAL AVE., #365**
CITY-ST-ZIP **HIGHLAND PARK IL 60035**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **FELNER, JAY**
NAME **4182 LIVE OAK BLVD.**
STREET ADDRESS **DELRAY BEACH FL 33445**

STREET ADDRESS

CITY-ST-ZIP

900016109239
04/16/03--01039--005 **526.25

DOCUMENT # **\$197,491.00**
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **600 CENTRAL AVE., #365**
NAME **HIGHLAND PARK IL 60035**
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 of the limited partnership as provided by Chapter 620, Florida Statutes.

By: **Robert U. Goldman, Secretary** 3/25/03 (847) 432-3666

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

0020090 MB

0020090 (10/02)

STATE OF FLORIDA