

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B00000000155

1. Entity Name

MALLARD REAL ESTATE LIMITED PARTNERSHIP

Principal Place of Business

222 SOUTH RIVERSIDE PLAZA, SUITE 1450
CHICAGO IL 60606

Mailing Address

222 SOUTH RIVERSIDE PLAZA, SUITE 1450
CHICAGO IL 60606

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

36-4370884

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$1,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

5,019,300.00

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 # F00000002781
NAME IVESDAIRY II CORP.
STREET ADDRESS 222 SOUTH RIVERSIDE PLAZA, SUITE 1450
CITY-ST-ZIP CHICAGO IL 60606

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

700004418857--4

06/14/01 01007-007

****526.25 ****526.25

STREET ADDRESS

CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-16-01 312-669-1200

Date

Daytime Phone #

CR2E003 (11/00)

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FILED

01 MAY 21 AM 8:13

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE