

2002 UNIFORM BUSINESS REPORT (UBR)

0016831 AT

DOCUMENT # B00000000160

1. Entity Name
BLACKHAWK ARMENIA L.P.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 MAR 28

Principal Place of Business
**100 NORTH LASALLE STREET, SUITE 910
CHICAGO IL 60602**

Mailing Address
**100 NORTH LASALLE STREET, SUITE 910
CHICAGO IL 60602**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State City & State

4. FEI Number
36-4369506 **APPLIED FOR** 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

**LEXIS DOCUMENT SERVICES, INC.
3953 W.W. KELLEY ROAD
TALLAHASSEE FL 32311**

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

9. Capital Contributions as Shown on record. **\$1,100.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **F00000002803**
NAME **BLACKHAWK ARMENIA, INC.**
STREET ADDRESS **100 NORTH LASALLE STREET, SUITE 910**
CITY-ST-ZIP **CHICAGO IL 60602**

STREET ADDRESS
CITY-ST-ZIP **AL**
STREET ADDRESS
CITY-ST-ZIP **800005189208--3**
-04/03/02--01038--015
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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
Blackhawk Armenia L.P., By: Blackhawk Armenia, Inc., Gen'l Ptn.

SIGNATURE: By: *[Signature]* **REQUIRED** Gary S. Richman President 3/9/02 (312)580-9090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE