


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR 25 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B01000000049	
1. Entity Name UTA ASSOCIATES, L.P.	

Principal Place of Business 100 NORTH LASALLE STREET, SUITE 910 CHICAGO, IL 60602	Mailing Address 100 NORTH LASALLE STREET, SUITE 910 CHICAGO, IL 60602
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2. Principal Place of Business - No P.O. Box # 100 N. LASALLE STREET	3. Mailing Address 100 N. LASALLE STREET
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Suite, Apt. #, etc. SUITE 2200	Suite, Apt. #, etc. SUITE 2200
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City & State CHICAGO, IL	City & State CHICAGO, IL
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Zip 60602	Country	Zip 60602	Country
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04102007 Chg-LP CR2E003 (12/06)

4. FEI Number 36-4423341	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RICHMAN, MARC 5037 WESLEY DR TAMPA, FL 33647	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____
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FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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 # NAME STREET ADDRESS CITY - ST - ZIP	B01000000048 BLACKHAWK UTA, L.P. 100 NORTH LASALLE STREET, SUITE 910 CHICAGO, IL 60602	STREET ADDRESS CITY - ST - ZIP	100 N. LASALLE ST., SUITE 2200 CHICAGO, IL 60602
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	100101856001 05/08/07--01044--006 **\$500.00
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 of the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: _____ Blackhawk UTA, LP and Blackhawk UTA, Inc., Managers Gary S. Richman, President	4/13/07 (312) 580-9090
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<small>Date Daytime Phone #</small>