

**2003 LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **B01000000049**

1. Entity Name  
**UTA ASSOCIATES, L.P.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 MAR 26 PM 2:29

4/3/31

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.

City & State

City & State

Zip

Country

Zip

Country

**DUE BY MAY 1, 2003**

4. FEI Number **APPLIED FOR**  
**36-4423341**

Applied For  
Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

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

DATE

9. Capital Contributions  
as Shown on record. **\$4,420,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

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 # **B01000000048**  
NAME **BLACKHAWK UTA, L.P.**  
STREET ADDRESS **100 NORTH LASALLE STREET, SUITE 910**  
CITY-ST-ZIP **CHICAGO IL 60602**

STREET ADDRESS

CITY-ST-ZIP

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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

By: **BLACKHAWK UTA, L.P., Gen'l Ptnr.**  
By: **BLACKHAWK UTA, Inc., Gen'l Ptnr.**

SIGNATURE: BY: **GARY S. RICHMAN** Gary S. Richman, President 3/13/03 (312)580-9090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

0017007  
AT