

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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**DOCUMENT # B01000000156**



1. Entity Name  
**KH FINANCIAL, L.P.**

**FILED**

**2003 APR -2 PM 12:42**

**DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA**



Principal Place of Business  
**5999 NEW WILKE ROAD, SUITE 205  
ROLLING MEADOWS IL 60008**

Mailing Address  
**5999 NEW WILKE ROAD, SUITE 205  
ROLLING MEADOWS IL 60008**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

4. FEI Number **36-4379851**

Applied For  
Not Applicable

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**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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

9. Capital Contributions as Shown on record. **\$50,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$15,988**

**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 # **F01000002322**  
NAME **KH FINANCIAL HOLDING COMPANY**  
STREET ADDRESS **5999 NEW WILKE ROAD, SUITE 205**  
CITY-ST-ZIP **ROLLING MEADOWS IL 60008**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**800015167258**  
**04/02/03--01031--016 \*\*200.67**

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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

**SIGNATURE:** *Eileen Connelly* **Eileen Connelly**, Asst. Secretary 3/24/2003 (847) 364-7300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (10/02)

S:\FILE CHECK ITEM