
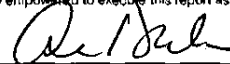


FILED

03 APR 23 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # B01000000187					
1. Entity Name DOVENMUEHLE MORTGAGE COMPANY, L.P.					
Principal Place of Business 1501 WOODFIELD ROAD, 400E SCHAUMBURG, IL 60173			Mailing Address 1501 WOODFIELD ROAD, 400E SCHAUMBURG, IL 60173		
2. Principal Place of Business		3. Mailing Address		4. FET Number 36-3765090	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable.</small>					
9. Capital Contributions as Shown on record. \$0.00			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 #	825740	STREET ADDRESS			
NAME	DOVENMUEHLE MORTGAGE, INC.	CITY - ST - ZIP			
STREET ADDRESS	1501 WOODFIELD ROAD, 400E	70001669418			
CITY - ST - ZIP	SCHAUMBURG, IL 60173	04/23/03--01010--006 **			
DOCUMENT #		STREET ADDRESS			
NAME		CITY - ST - ZIP			
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STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		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: 		4/15/03 (847) 619-5852			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER ANN DUKER		Date Daytime Phone #			

STABLE CHECK HERE

CH2503 (10/02)

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