

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

<b>DOCUMENT # B01000000416</b> 1. Entity Name <b>GULF ATLANTIC PARTNERS, LTD.</b>				 <div style="text-align: right;"> <b>FILED</b>  <b>03 MAY -5 PM 3:12</b>  <b>SECRETARY OF STATE</b>  <b>TALLAHASSEE, FLORIDA</b> </div>	
Principal Place of Business <b>40 SOUTH ADDISON ROAD, SUITE 100</b> <b>ADDISON, IL 60101</b>		Mailing Address <b>40 SOUTH ADDISON ROAD, SUITE 100</b> <b>ADDISON, IL 60101</b>			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>36-4445493</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>LEXIS DOCUMENT SERVICES, INC.</b> <b>3953 W.W. KELLEY ROAD</b> <b>TALLAHASSEE, FL 32311</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 date if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$89,056.00</b>		10. Amount of Capital Contributions in FLORIDA to date. <b>\$89,056.00</b>		<b>11. MAKE CHECK PAYABLE TO FL DEPT OF STATE</b> <b>SEE REVERSE SIDE FOR FEE INFORMATION</b>	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>F01000005634</b> <b>FORCON DEVELOPMENT CORPORATION</b> <b>40 SOUTH ADDISON ROAD, SUITE 100</b> <b>ADDISON, IL 60101</b>			STREET ADDRESS CITY-ST-ZIP	<b>200017923712</b> <b>05/05/03--01004--025 **711.75</b>
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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.					
<b>SIGNATURE: <u>Kevin P. Connolly</u> Kevin P. Connolly 4/3/03 630-543-9059</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>					

STAPLE CHECK HERE

CR2E003 (10/02)