

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # B02000000251



1. Entity Name
ALLIANCE BP LIMITED PARTNERSHIP

FILED
03 APR 25 PM 4:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business
104 WILMOT RD., STE. 350
DEERFIELD IL 60015

Mailing Address
104 WILMOT RD., STE. 350
DEERFIELD IL 60015



2. Principal Place of Business
135 Revere Drive

3. Mailing Address
135 Revere Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
Northbrook, IL

City & State
Northbrook, IL

4. FEI Number
02-0621034

Applied For
Not Applicable

Zip
60062

Country
USA

Zip
60062

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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. \$1,402,754.00

10. Amount of Capital Contributions in FLORIDA to date. \$1,402,754.00

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

DOCUMENT # F02000003638
NAME ALLIANCE BP GP, INC.
STREET ADDRESS 104 WILMOT RD., STE. 350
CITY-ST-ZIP DEERFIELD IL 60015

13. ADDRESS CHANGES ONLY

STREET ADDRESS 135 Revere Drive
CITY-ST-ZIP Northbrook, IL 60062

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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

Andrew W. Schor,

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

President of Alliance BP GP, Inc. 4/24/03 847-562-1400

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE