

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Apr 12, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # B02000000436**

1. Entity Name  
**THE RICHARD AND JUDITH NELSON FAMILY LIMITED PARTNERSHIP**



Principal Place of Business  
**6111 OSAGE  
DOWNERS GROVE, IL 60516**

Mailing Address  
**6111 OSAGE  
DOWNERS GROVE, IL 60516**



**DO NOT WRITE IN THIS SPACE**

03272007 No Chg-LP

CR2E003 (12/06)

4. FEI Number  
**38-3666035**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**NELSON, RICHARD CARL JR  
4245 BOSWELL PLACE  
SARASOTA, FL 34241**

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2007, Fee will be \$900.00**

**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 #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**NELSON, RICHARD C  
6111 OSAGE  
DOWNERS GROVE, IL 60516**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**NELSON, JUDITH A  
6111 OSAGE  
DOWNERS GROVE, IL 60516**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

UD00000700632  
04/20/07-80026-007 500.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

*Richard C. Nelson* **Richard C. Nelson**

**4-6-07**

**630-964-1488**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE