# LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B02000000436

1. Entity Name
The Richard And Judith Nelson Family Limited Partnership

**FILED**
**Mar 26, 2003 8:00 A.M.**
**Secretary of State**

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| 6111 Osage | | 6111 Osage | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State: Downers Grove, IL | | City & State: Downers Grove, IL | |
| Zip: 60516 | Country: DuPage | Zip: 60516 | Country: DuPage |

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

4. FEI Number: 38-3666035 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

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

Name: Richard Carl Nelson, Jr.

Street Address (P.O. Box Number is Not Acceptable)

4245 Boswell Place

City: Sarasota FL Zip Code: 34241

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: $266,560

10. Amount of Capital Contributions in FLORIDA to date: $266,560

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 # / NAME / STREET ADDRESS / CITY-ST-ZIP | STREET ADDRESS / CITY-ST-ZIP |
|---|---|
| B02000000436<br>Richard C. Nelson<br>6111 Osage, Downers Grove, IL 60516 | 700014683737<br>03/25/03--01067--007 **526.25 |
| B02000000436<br>Judith A. Nelson<br>6111 Osage<br>Downers Grove, IL 60516 | |
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DO NOT WRITE IN THIS SPACE

CR2E003B (12/02)

STAPLE CHECK HERE

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

M THOMAS

Richard C. Nelson Judith A. Nelson

SIGNATURE: Richard C. Nelson Judith A. Nelson 3-17-03 630-964-1488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #