LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

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

DOCUMENT # B02000000436

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

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

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

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

STAPLE CHECK HERE

CR2E003B (12/02)

M THOMAS

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

Richard C. Nelson Judith A. Nelson

SIGNATURE: [signature] [signature] 3-17-03 630-964-1488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #