

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH



<b>DOCUMENT # B92000000066</b> 1. Entity Name <b>HORIZONS V LIMITED PARTNERSHIP</b>	
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Principal Place of Business <b>ONE EAST ERIE STREET, SUITE 225 CHICAGO IL 60611</b>	Mailing Address <b>ONE EAST ERIE STREET, SUITE 225 CHICAGO IL 60611</b>
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2. Principal Place of Business	3. Mailing Address			<b>DUE BY MAY 1, 2003</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.			
City & State	City & State	4. FEI Number <b>36-3854632</b>		Applied For
Zip	Country	Zip	Country	Not Applicable

<b>6. Name and Address of Current Registered Agent</b>  <b>BEYER, DAVID A</b> <b>101 EAST KENNEDY BLVD., STE. 2000</b> <b>C/O PIPER RUDNICK LLP</b> <b>TAMPA FL 33602</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City
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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. <b>\$1,550,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>#15000.00</b>	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	643809	STREET ADDRESS	
NAME	THE CAPER CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	ONE EAST ERIE STREET		
CITY-ST-ZIP	CHICAGO IL 60611		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
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

SIGNATURE: Signature      1/30/2003      (910) 343-0029

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

CR2E003 (10/02)