LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

02 APR 30 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B95000000150

1. Entity Name

HOMETOWN FINANCIAL PARTNERS, LTD.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
900 North Michigan Avenue	900 North Michigan Avenue
Suite, Apt. #, etc.: Suite 900	Suite, Apt. #, etc.: Suite 900
City & State: Chicago, Illinois	City & State: Chicago, Illinois
Zip: 60611 Country: USA	Zip: 60611 Country: USA

DUE BY MAY 1

4. FEI Number: 65-0587396 — 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: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

City: Plantation **FL** Zip Code: 33324

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.

SIGNATURE _____ DATE

Signature, typed or printed name of Registered Agent and title if applicable

9. Capital Contributions as Shown on record: $217,800.00

10. Amount of Capital Contributions in FLORIDA to date: $217,800.00

11. **MAKE CHECK PAYABLE TO 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 #	F95000002044	STREET ADDRESS	
NAME	HTF Managers, Inc.	CITY-ST-ZIP	800005504338--6
STREET ADDRESS	900 North Michigan Avenue		-05/10/02--01104--018
CITY-ST-ZIP	Chicago, Illinois 60611		****526.25 ****526.25
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CR2E002B (12-01)

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.

By: HTF Managers, Inc.

SIGNATURE: Karen M. Ewing Asst. Secretary 03/21/02 (312) 915-1969

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