

**2003 LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # B95000000150

1. Entity Name  
**HOMETOWN FINANCIAL PARTNERS, LTD.**



Principal Place of Business  
900 NORTH MICHIGAN AVENUE  
STE 900  
CHICAGO, IL 60611

Mailing Address  
900 NORTH MICHIGAN AVENUE  
STE 900  
CHICAGO, IL 60611

**FILED**  
03 APR 30 AM 5:36  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

4/30



2. Principal Place of Business  
900 N. Michigan Avenue

3. Mailing Address  
900 N. Michigan Avenue

Suite, Apt. #, etc.  
Suite 1400

Suite, Apt. #, etc.  
Suite 1400

DUE BY MAY 1, 2003

City & State  
Chicago, Illinois

City & State  
Chicago, Illinois

4. FEI Number  
65-0587396

Applied For  
Not Applicable

Zip Country  
60611 USA

Zip Country  
60611 USA

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

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

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

Name

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

600017341556

04/30/03--01007--014 \*\*\*526.25

City

FL

Zip Code

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

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 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 # F95000002044  
NAME HTF MANAGERS, INC.  
STREET ADDRESS 900 NORTH MICHIGAN AVENUE  
CITY-ST-ZIP CHICAGO, IL 60611

DOCUMENT #  
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CITY-ST-ZIP

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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  
Assistant Secretary of HTF Managers, Inc.

SIGNATURE: *Karen M. Ewing*

Karen M. Ewing

04/11/03

(312) 915-1969

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE