

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B95000000334

1. Entity Name

KYLEMONT LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 28 AM 10:15

Principal Place of Business

4605 VILLAGE CENTER DR.
PALM HARBOR FL 34685

Mailing Address

200 WEST MADISON STREET, 38TH FLOOR
CHICAGO IL 60606-3417



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

200 West Madison Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

25th Floor

City & State

City & State

Chicago, Illinois

4. FEI Number

59-3328816

Applied For

Not Applicable

Zip

Country

Zip

60606

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM

1201 HAYES ST., SUITE 105

TALLAHASSEE FL 32301

Name

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$150,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

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

13. ADDRESS CHANGES ONLY

DOCUMENT # 384080
NAME LANSBROOK DEVELOPMENT CORPORATION
STREET ADDRESS 4605 VILLAGE CENTER DRIVE
CITY - ST - ZIP PALM HARBOR FL 34685

STREET ADDRESS

CITY - ST - ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Glen Miller, Vice President, January 11, 2000 (312) 750-8400

Date

Daytime Phone #

CR2E003 (9/99)