

2001 UNIFORM BUSINESS REPORT (UBR)

0016944 AF

DOCUMENT # B96000000343

1. Entity Name

LIG APPLE HILL, LIMITED PARTNERSHIP

Principal Place of Business

905 CONGRESS AVENUE
AUSTIN TX 78701

Mailing Address

200 WEST MADISON AVE., 37TH FLOOR
CHICAGO IL 60606

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

01 APR 16 PM 12:12

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

4. FEI Number

75-2666768

Applied For

Not Applicable

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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.

\$4,900,000.00

10. Amount of Capital Contributions

in FLORIDA to date. \$3,227,913

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 # F97000006362
NAME PRE GP V, INC.
STREET ADDRESS 200 WEST MADISON AVENUE, 37TH FLOOR
CITY-ST-ZIP CHICAGO IL 60606

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS
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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:

Kevin Poorman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Kevin Poorman, VP of general partner

4/6/01

312-920-2400

Date

Daytime Phone #

CR2E003 (11/00)