

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B97000000066**

1. Entity Name

DORAL INVESTMENTS LIMITED PARTNERSHIP

FILED:

00 MAR 20 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mf 3/30



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**200 WEST MADISON STREET, SUITE 3800
STE. 3700
CHICAGO IL 60606**

Mailing Address
**200 WEST MADISON STREET, SUITE 3800
STE. 3700
CHICAGO IL 60606-3414**

2. Principal Place of Business
200 West Madison Street

3. Mailing Address
200 West Madison Street

Suite, Apt. #, etc.

City & State

4. FEI Number
36-4119701

Applied For
Not Applicable

Zip Country Zip Country

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, INC.
1201 HAYS STREET
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$1,980,000.00**

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 # **F97000000479**
NAME **DORAL GP CORP.**
STREET ADDRESS **200 WEST MADISON STREET, SUITE 3800**
CITY - ST - ZIP **CHICAGO IL 60606**

STREET ADDRESS
CITY - ST - ZIP

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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

Doral GP Corp.

SIGNATURE:

Susan B. Panzer
SUSAN B. PANZER, VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/9/00

Date

312-920-2474

Daytime Phone #

CR2E003 (9/99)