

# 2000 UNIFORM BUSINESS REPORT (UBR)

CORP

**DOCUMENT # B97000000576**

1. Entity Name  
**CMD/FUND III GP INVESTMENTS, L.P.**

Principal Place of Business  
**227 WEST MONROE STREET, SUITE 3900  
CHICAGO IL 60606**

Mailing Address  
**227 WEST MONROE STREET, SUITE 3900  
CHICAGO IL 60606-5085**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 18 PM 4: 54



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **36-4184138** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**KILGALLON, PAUL J  
C/O CMD REALTY INVESTORS, INC.  
899 WEST CYPRESS ROAD, SUITE 109  
FT. LAUDERDALE FL 33309-2046**

7. Name and Address of New Registered Agent  
Name  
**Corporation Service Company**  
Street Address (P.O. Box Number is Not Acceptable)  
**1201 Hays Street**  
City **Tallahassee** FL Zip Code **32301**

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 *Deborah D. Skipper* **Deborah D. Skipper** **2/18/00**  
as its agent 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. **\$0.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$0.00**

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 #	<b>F97000003853</b>
NAME	<b>CMD REIM III, INC.</b>
STREET ADDRESS	<b>227 WEST MONROE STREET, SUITE 3900</b>
CITY-ST-ZIP	<b>CHICAGO IL 60606</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	<b>100003153391-1</b> <b>-03/01/00--01094--009</b> <b>****141.25 ****141.25</b>
STREET ADDRESS	<i>NYC</i>
CITY-ST-ZIP	
STREET ADDRESS	<i>218/00</i>
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E003 (9/99)

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

**CMD REIM III, INC.**

SIGNATURE: By: *Randal J. Selig* **Randal J. Selig** **1/27/2000** **(312) 726-3121**  
Exec. VP Date Daytime Phone #