

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0016967 AT

02 APR 24 AM 10:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # **B97000000576**

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

Principal Place of Business <b>227 WEST MONROE STREET, SUITE 3900 CHICAGO IL 60606</b>	Mailing Address <b>227 WEST MONROE STREET, SUITE 3900 CHICAGO IL 60606</b>
---	---

2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

**DUE BY MAY 1, 2002**

4. FEI Number <b>36-4184138</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$0.00</b>	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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>F9700003853 CMD REIM III, INC. 227 WEST MONROE STREET, SUITE 3900 CHICAGO IL 60606</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

STREET ADDRESS	<b>100005389141--1</b>
CITY-ST-ZIP	<b>-04730/02--01013--010 ****141.25 ****141.25</b>
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

**CMD REIM III, INC.**

SIGNATURE: *Randal J. Selig* **REQUIRED** **Randal J. Selig** 4/12/02 (312) 726-3121  
Exec. Vice President

CR2E003 (9/01)