

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0017075 AT

**DOCUMENT # B97000000576**

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



APPROVED  
AND  
FILED

03 MAR 21 AM 10:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DUE BY MAY 1, 2003**

4. FEI Number **36-4184138**

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**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$0.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO FL. 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	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>100014420931</b>
CITY-ST-ZIP	<b>03/21/03--01005--001 **141.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E003 (10/02)

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:** By: CMD REIM III, INC. **SIGNATURE REQUIRED** Randal J. Selig 3/4/03 (312) 726-3121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Free Vice President

Date Daytime Phone #