

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B97000000609**

1. Entity Name

EUGENE REAL ESTATE LIMITED PARTNERSHIP

FILED

00 OCT -6 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
222 S. Riverside Plaza Suite 1450 Chicago, IL 60606	222 S. Riverside Plaza Suite 1450 Chicago, IL 60606

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number	Applied For
Zip	Country	36-4192377	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record	\$1,000.00	10. Amount of Capital Contributions in FLORIDA to date	1,663,200.00	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	F97000005981
NAME	ZINC CORP.
STREET ADDRESS	222 S. Riverside Plaza
CITY-ST-ZIP	Suite 1450 Chicago, IL 60606

13. ADDRESS CHANGES ONLY

STREET ADDRESS	300003416213-8
CITY-ST-ZIP	10/05/00-11/19-004
STREET ADDRESS	****526.25 ****526.25

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: 8/17/00 Daytime Phone #: 2327669-1200

CR2E003 (5/00)