

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0000415 AT

DOCUMENT # B98000000110

1. Entity Name
LOWELL/RBG XLV, L.P.



FILED

03 SEP 22 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
80 S.W. 8TH ST., STE. 1870
MIAMI FL 33130

Mailing Address
80 S.W. 8TH ST., STE. 1870
MIAMI FL 33130

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY SEPTEMBER 24, 2003

City & State

City & State

4. FEI Number 36-4199356

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

KAHN, S-L-III
80 S.W. 8TH ST., STE. 1870
MIAMI FL 33130

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$3,510,100.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P97000066395
NAME LOWELL AT MONARCH LAKES, INC.
STREET ADDRESS 80 S.W. 8TH STREET, SUITE 1870
CITY-ST-ZIP MIAMI FL 33130

STREET ADDRESS

CITY-ST-ZIP

600011125196

01/28/03 01032 015 \$58.75

DOCUMENT # F97000005195
NAME RBG XLV, CORP.
STREET ADDRESS 154 W. HUBBARD STREET
CITY-ST-ZIP CHICAGO IL 60610

STREET ADDRESS

CITY-ST-ZIP

600011125196

03/20/03 01011 003 \$376.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

9/19/03

Date

Daytime Phone #

CR2E003 (4/03)

STAPLE CHECK HERE