2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B98000000461

1. Entity Name

AUG ONE, L.P.

FILED
00 FEB -1 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
919 NORTH MICHIGAN AVENUE, SUITE 550 CHICAGO IL 60611	919 NORTH MICHIGAN AVENUE, SUITE 550 CHICAGO IL 60611-1602

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 36-4190033 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

O'QUINN, MICHAEL A. U
28 WEST CENTRAL BOULEVARD, FOURTH FLOOR
ORLANDO FL 32801

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 ______________________________ 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. $9,900.00

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 #	F97000004758	STREET ADDRESS	900003121749--1
NAME	TITAN DEVELOPMENT COMPANY		-02/03/00--01005--001
STREET ADDRESS	919 N MICHIGAN AVE., SUITE 550	CITY-ST-ZIP	****158.05 ****158.05
CITY-ST-ZIP	CHICAGO IL 60611		
DOCUMENT #		STREET ADDRESS	
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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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

By: James J Borris, Sr. Vice President
SIGNATURE: By Titan Development Co, its General Partner 1/14/2000 (312)944-4619
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #