## **2003 LIMITED PARTNERSHIP**

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DOCU 1. Entity Nam AUG ON							jus .			
·				COD WE THE		_	03 APR	23 PI	M 3:57	
Principal Place of Business 919 NORTH MICHIGAN AVENUE. SUITE 550 CHICAGO IL 60611			Mailing Address 919 NORTH MICHIGAN AVENUE. SUITE 550 CHICAGO IL 60611			SECRE I TAECAHA				
2. Principal Place of Business 2591 Compass Rd 3. Mailing Address 2591				mpa	ss Pd		1810 1810( 1913) 983)) 891() 891() 8	<b>4</b>   } <b>41</b>     <b>49</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DUE BY MAY 1, 2003				
City & State FIRNVIEW, IZ			City & State Glenviow, IL			4. FEI Number	36-4190033		Applied For Not Applicable	
Zip 600		Country US/3	Zip 60025	<del></del>	Sh-	5. Certificate of	of Status Desired		5 Additional equired	
		nd Address of Current F	<u> </u>	<u></u>	T	7. Name and	7. Name and Address of New Registered Agent			
O'QUINN, MICHAEL A. U 28 WEST CENTRAL BOULEVARD, FOURTH FLOOR ORLANDO FL 32801					Name					
					Street Address (P.O. Box Number is Not Acceptable)					
					City FL Zip Code			<b>⊒e</b> Zir	n Code	
								) Code		
The above named entity submits this statement for the purpose of changing its registered office or register the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.							DA			
9. Capital Contributions as Shown on record. \$9,900.00			Amount of Capital Contributions in FLORIDA to date.				11. MAKE CHEEK BAYA SEE AEPKRISECSIDE	BLE TO EL. Bor roe j	. DEP <del>T.</del> OF STATE 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							ADDRESS CHANGES	ONLY		
DOCUMENT # NAME	F970000047 TITAN DEVE			EET ADDRESS			_			
STREET ADDRESS 919 N MICHIGAN AVE., SUITE 550 CHICAGO IL 60611				CITY	Y-ST-ZIP	04/23/0	04/23/030/008/-005			
DOCUMENT # NAME				STR	EET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	<u> </u>			CITY	Y-ST-ZIP	000016692660 <del>04/23/03-01008005 **166.80</del>				
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14. Thereby certify that the information supplied with this filling 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

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE: 1 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE

NAME STREET ADDRESS

CITY-ST-ZIP