2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # | B98000000462 |
|------------|--------------|
| | |

1. Entity Name AUG TWO, L.P.



Principal Place of Business 919 NORTH MICHIGAN AVENUE. SUITE 550 CHICAGO IL 60611

Mailing Address 919 NORTH MICHIGAN AVENUE. SUITE 550 CHICAGO IL 60611

FILED 2003 APR 23 PM 2:51

DIVILION OF CORPORATIONS FALL AHASSEE, FLORIDA



| 2. Principal Place of Business Rd 3. Mailing Address 2591 Compass Rd 2591 Compa | | | ompass Rd | 1 (84) 10 (810 1913) 70 (11 36) 1) 60 (11 36) 11 60 (11 4) | | | |
|---|---|-------------------------|--------------------------|--|----------------------------------|--|--|
| Suite, Apt. #, etc. Ste. 105 Suite, Apt. # etc. Ste. 105 | | 05 | DUE BY MAY 1, 2003 | | | | |
| GIENVIEW, IL City & State GIENVIB | | sw, Fl | 4. FEI Number 36-4224807 | Applied For Not Applicable | | | |
| 6002 | S Country USA | Zip 60025 | Country | | 8.75 Additional . ee Required | | |
| 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent | | | | | | | |
| O'QUINN, MICHAEL A. U | | | Name | Name | | | |
| 28 WEST CENTRAL BOULEVARD, FOURTH FLOOR ORLANDO FL 32801 | | | Street Address | 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 a | nd title if applicable. | | DATE | | | |
| 9. Capital Contributions as Shown on record. 9. Capital Contributions in FLORIDA to date. | | | | 11. MAKE CHECK PAYABLE I SEE DEVERSE SOUDFOR | O FT. DEBT-OF STATE | | |
| 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 | | 13. | ADDRESS CHANGES ONL | | | |
| DOCUMENT # NAME | F97000004758 TITAN DEVELOPMENT COMPANY SS 919 N MICHIGAN AVE. SUITE 550 | | STREET ADDRESS | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | CITY-ST-ZIP | 200016794382 04/23/0301043001 **150.00 | | | |
| DOCUMENT # NAME | | | STREET ADDRESS | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | CITY-ST-ZIP | | | | |
| DOCUMENT / NAME | | | STREET ADDRESS | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | CITY-ST-ZIP | | | | |
| DOCUMENT # | | | STREET ADDRESS | | | | |
| STREET ADDRESS | | | CITY-ST-ZIP | | | | |
| DOCUMENT # NAME | | | STREET ADDRESS | | | | |
| STREET ADDRESS CITY-ST-ZIP | | · | CITY-ST-ZIP | | | | |
| DOCUMENT # NAME | | | STREET ADDRESS | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | CITY-ST-ZIP | | | | |
| 4 5 4 1 | | | | | | | |

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.

STAPLE UHEUN HENE