

2001 UNIFORM BUSINESS REPORT (UBR)

001671 AF

Handwritten: 4/16

DOCUMENT # B98000000522

1. Entity Name
FBEC - MAITLAND COLONNADES, L.P.

FILED
01 APR 11 PM 4:16
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address

**200 EAST RANDOLPH DRIVE, SUITE 4300
CHICAGO IL 60601** **200 EAST RANDOLPH DRIVE, SUITE 4300
CHICAGO IL 60601**



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 **52-2115599** Applied For
Not Applicable

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

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

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. **\$13,273,830.00** 10. Amount of Capital Contributions in FLORIDA to date. **13,458,830** 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 # NAME STREET ADDRESS CITY-ST-ZIP	M98000000916 MAITLAND COLONNADES - FBEC, L.L.C. 200 EAST RANDOLPH DRIVE, SUITE 4300 CHICAGO IL 60601	STREET ADDRESS CITY-ST-ZIP	900004008969--1 -04/13/01--01099--020 ****526.25 ****526.25
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CR2E003 (11/00)

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: *Stephen A. Smith* **STEPHEN A. SMITH** 3/20/01 (312) 782-5800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #