

2002 UNIFORM BUSINESS REPORT (UBR)

0016910 AT

DOCUMENT # **B98000000522**

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

FILED

02 APR 23 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 200 EAST RANDOLPH DRIVE, SUITE 4300 CHICAGO IL 60601	Mailing Address 200 EAST RANDOLPH DRIVE, SUITE 4300 CHICAGO IL 60601
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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**

DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

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

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.

9. Capital Contributions as Shown on record. **\$13,458,830.00** 10. Amount of Capital Contributions in FLORIDA to date. **\$300,000** 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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	BK
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		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: **STEVEN A. SMITH** 4/22/02 (312) 228-2050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)