

2001 UNIFORM BUSINESS REPORT (UBR)

001870 AF

DOCUMENT # B99000000137

1. Entity Name

PACES TARPON SPRINGS ASSOCIATES L.P.

Principal Place of Business
**100 NORTH LASALLE STREET, SUITE 910
 CHICAGO IL 60602**

Mailing Address
**100 NORTH LASALLE STREET, SUITE 910
 CHICAGO IL 60602**

FILED
MAR 12 AM 10:38
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-4283326

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**LEXIS DOCUMENT SERVICES INC.
 3953 WW KELLEY ROAD
 TALLAHASSEE FL 32311**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$400,000.00

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 # **B99000000136**
 NAME **BLACKHAWK PACES TARPON SPRINGS L.P.**
 STREET ADDRESS **100 NORTH LASALLE STREET, SUITE 910**
 CITY-ST-ZIP **CHICAGO IL 60602**

STREET ADDRESS
 CITY-ST-ZIP **600003851246--7**

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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.

By: **Blackhawk Paces Tarpon Springs, L.P., Gen'l. Ptn.**
 By: **Blackhawk Paces Tarpon Springs, Inc., Gen'l. Ptn.**

SIGNATURE:

GARY S. RICHMAN
 President

3/1/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)