

# 2001 UNIFORM BUSINESS REPORT (UBR)

0027810 AF

DOCUMENT # M00000000893

1. Entity Name

OSCEOLA COUNTY APARTMENTS PHASE 1A, L.L.C.

FILED

01 MAR 19 PM 1:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

200 WEST MADISON STREET, 37TH FLOOR  
CHICAGO IL 60606

Mailing Address

200 WEST MADISON STREET, 37TH FLOOR  
CHICAGO IL 60606



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME PRITZKER RESIDENTIAL EQUITIES, L.P.  
STREET ADDRESS 200 WEST MADISON STREET, 37TH FLOOR  
CITY-ST-ZIP CHICAGO IL 60606

TITLE MBR ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

By: Pritzker Residential Equities, L.P., a Delaware limited partnership, the sole member

By: PRE GP, Inc., a Delaware corporation, the sole general partner

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

John Kevin Poorman, VP 3/8/01 312-920-2400

Date

Daytime Phone #

CR2E083 (11/00)