

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED
02 FEB 18 06 AM 10:06
2002
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0004947 AV

DOCUMENT # B99000000200

1. Entity Name
142ND STREET ASSOCIATES LIMITED PARTNERSHIP

Principal Place of Business ONE IBM PLAZA, SUITE 2630 CHICAGO IL 60611	Mailing Address ONE IBM PLAZA, SUITE 2630 CHICAGO IL 60611
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

DUE BY MAY 1, 2002

4. FEI Number **36-4293575** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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. **\$1,000.00**

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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	F99000002579 142ND STREET CORP. ONE IBM PLAZA, SUITE 2630 CHICAGO IL 60611
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	800005027008--3 -02/28/02--01059--006 ****141.25 ****141.25
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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: *Kirsten Barrow* **Kirsten Barrow, Secretary - 142nd Street Corp. P.**
Date **2-11-02** Daytime Phone # _____

CR2E003 (9/01)