2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAR 21 PM 3:00

DOCUMENT # A05000000110

1. Entity Name
THE MAZZOLIN/LEMAR LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
16842 ROSE APPLE DRIVE DEL RAY BEACH, FL 33445-7022	~~30 N. LASALLE STREET~~ ~~SUITE 2010~~ ~~CHICAGO, IL 60602~~

03062008 Chg-LP CR2E003 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	333 W. Wacker Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 1700
City & State	City & State Chicago, IL
Zip / Country	Zip / Country 60606 / USA

4. FEI Number
20-3650285
☐ 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
~~BROOKS, DONALD L~~ ~~725 NORTH HIGHWAY A1A, SUITE E109~~ ~~JUPITER, FL 33477~~	Name: Corporation Service Company Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street City: Tallahassee FL Zip Code: 32301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Kim Leonard Kim Leonard, Asst. Secretary DATE: 3/7/08
Signature, typed or printed name of registered agent, and date if applicable

FILE NOW!!! FEE IS $500.00
After May 1, 2008, Fee will be $900.00

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 #		STREET ADDRESS	
NAME	MAZZOLIN, AMALIA	CITY-ST-ZIP	
STREET ADDRESS	16842 ROSE APPLE DRIVE		
CITY-ST-ZIP	DEL RAY BEACH, FL 334457022		
DOCUMENT #		STREET ADDRESS	000120056120
NAME	LEMAR, AMALIA T		03/20/08--01050--025 **500.00
STREET ADDRESS	400 E. OHIO STREET	CITY-ST-ZIP	
CITY-ST-ZIP	CHICAGO, IL 60611		
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Amy Mazzolin, General Partner 3-18-08
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL GENERAL PARTNER — Date