2000	UNIFO	RM BUSI	NESS REPOI	RT (I	UBR)				
DOCUMENT # A33099 1. Entity Name							. ELFo		
CLASSIC RESIDENCE MANAGEMENT LIMITED PARTNERSHIP						DIVIŠI	RETARY OF STATE ON OF CORPORATION	HG .	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Principal Place of Business 200 WEST MADISON #3700 CHICAGO IL 60606			Mailing Address 200 WEST MADISON #3700 CHICAGO IL 60606-3414			00 MJ	1Y - 1 PH 12: 00	5	∪ N g
2. Principal P	lace of Business	3. Mailing Address	g Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State			City & State			4. FEI Number	36-3558465		Applied For Not Applicable
Zip Country			Zip			5. Certificate of Status Desired			
6. Name and Address of Current Registered Agent					Name	7. Name and A	ddress of New Register	ed Age	ent.
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET					Street Address (P.O. Box Number is Not Acceptable)				
SUITE 105									
TALLAHASSEE FL 32301					City	FL Zip Code			
	named entity submi	its this statement for	the purpose of changing its re	egistered	office or regis	stered 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								DEST OF OTHER	
9. Capital Contributions as Shown on record. \$100,000.00 in FLORIDA to date					tions		11. MAKE CHECK PAYA SEE REVERSE SIDE	FOR	FEE INFORMATION
	A GENEI	RAL PARTNER TI	AT IS A BUSINESS ENT	TITY MUS	ST BE REG	ISTERED AND AC	TIVE WITH THIS OFF	ICE,	er
NOTE: General Partners MAY NOT be changed on the 12. GENERAL PARTNER INFORMATION					an antenum	lent must be med	ADDRESS CHANGES		
DOCUMENT # NAME STREET ADDRESS	P39372 CLASSIC RESIDENCE MANAGEMENT, INC. 200 W. MADISON CHICAGO IL			STREET A	ADDRESS	-	ററററാ?	7:⊇	785N
CITY-ST-ZIP				CITY-ST	-ZIP	5000032787850 -06/06/0001095011 *****526.25 *****526.25			
DOCUMENT# NAME				STREET	ADDRESS .		***************************************		
STREET ADDRESS CITY - ST - ZEP					7-ZIP	·			
NAME					ADDRESS				
CITY-ST-ZIP				CITY-ST	-ZIP				
DOCUMENT # NAME				STREET /	ADDRESS				
STREET ADDRESS CITY-ST-ZIP					- ZIP				
DOCUMENT# NAME	RESS				ADDRESS				
STREET ADORESS CITY - ST - ZIP					- ZIP				
DOCUMENT # NAME				STREET	ADDRESS				
CITY-ST-ZIP	-ST-ZIP				-ZIP				
14 I hereby o	certify that the inform	nation supplied with	this filing does not qualify for t	the exemn	otion stated in	r section 119.07(3)(i).	. Fiorida Statutes. I further	certify	rinat the information

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Gate Date

Daytime Phone #