

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP,
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 JAN 26 AM 9:37

| | |
|---------------------------------------|---------------------------------------|
| 1. Name of Limited Partnership | 1a. DOCUMENT # A97000002451 |
| VILLA DEVELOPMENT PARTNERS, LTD. | |

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|---|--|
| 2. Mailing Address | 2a. Principal Office Address |
| 875 N. Michigan Ave. Suite 3620 Chicago, IL 60611 | 875 N. Michigan Ave. Suite 3620 Chicago IL 60611 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip Country | Zip Country |

01/28

| | |
|---|--|
| 3. Date Formed or Registered | 5a. Capital Contributions as Shown on record. |
| 12/9/97 | \$1,000.00 |
| 3a. Date of Last Report | 5b. Amount of Capital Contributions in FLORIDA to date: |
| N/A | |
| 4. State or Country of Formation | |
| FL | |
| 6. FEI Number | <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable |
| 65-6803667 | |
| 7. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| | |
| 8. Make check payable to Dept. of State (See reverse side for fee information) | |

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|--|
| 9. Name and Address of Current Registered Agent |
| Mansur, E. Barry 1117 Shefflera Drive Captive FL 33924 |

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| 10. If changed, new Registered Agent/Office |
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| Suite, Apt. #, etc. |
| City |
| FL |
| Zip Code |

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

| 11. Name(s) of General Partner(s) | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) | 11b. City, State & Zip Code | 11c. Registration/Document Number |
|--|--|------------------------------------|---|
| Atlantic Realty Corporation | 875 N. Michigan Ave. | Chicago, IL 60611 | P97000104892 400002416634--E -01/29/98--01106--014 ****165.00 ****165.00 |

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Robert C. Corbett DATE 12/29/97

Typed or Printed Name of General Partner Signing Form: Robert C. Corbett, Treasurer Daytime Telephone Number: (312)263-2400

CR2E003 (6/97)