

**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

97 DEC -1 11:11:11



1. Name of Limited Partnership

1a. DOCUMENT #  
**B9400000111**

**KISSIMMEE ASSOCIATES LIMITED PARTNERSHIP**

Mailing Address

29 NORTH WACKER DRIVE, SUITE 700  
CHICAGO IL 60606

Principal Office Address

C/O SHEFSKY & FROELICH LTD.  
444 NORTH MICHIGAN AVENUE, SUITE 2500  
CHICAGO IL 60611

3. Date Formed or Registered

03/28/1994

5a. Capital Contributions as Shown on record

\$100,000.00

3a. Date of Last Report

12/13/1996

5b. Amount of Capital Contributions in FLORIDA to date:

100,000.00

4. State or Country of Formation

IL

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. FEI Number

36-3944419

Applied For  
 Not Applicable

7. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. If changed, now 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)

JDI-KISSIMMEE REALTY PARTNER

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

29 NORTH WACKER DRIVE

11b. City, State & Zip Code

CHICAGO IL 60606

11c. Registration/Document Number

F9400001547

100002363681--3  
-12/04/97--01115--008  
\*\*\*1082.50 \*\*\*541.25

dec

**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 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

DATE

Kevin Connor, president of

Typed or Printed Name of General Partner Signing Form

JDI-Kissimmee Realty Partner, Inc.

Daytime Telephone Number

CP-2E003 (6/97)