

**B9400000111**

APPLICATION FOR  
REINSTATEMENT  
OR  
LIMITED PARTNERSHIP  
FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 SEP 23 PM 5:00

DOCUMENT # **B9400000111**  
1. Name of Partnership  
**KISSIMMEE ASSOCIATES LIMITED PARTNERSHIP**

STANDARD FILING FEE  
\$100.00

DO NOT WRITE IN THIS SPACE

2. Principal Office Address  
**150 S. WACKER DRIVE  
2660  
CHICAGO, IL  
60606 USA**

3. Principal Office Address  
**96 DIANCONA : PFLAUM  
Suite, Apt. # etc.  
111E. WACKER DRIVE, STE 2800  
City & State  
CHICAGO, IL  
Zip  
60601 Country  
USA**

4. Date Formed or Registered To Do Business in Florida **3/28/94**

5. FEI Number **36-3944419**

6. CERTIFICATE OF STATUS DESIRED  See 7. Additional Fee required for a Certificate of Status.

7. State or Country of Formation **IL**

8a. Amount of Contributions in Florida **100,000.00**

**FEES:** 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.  
2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.  
3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.  
Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

8b. Amount of Contributions in Florida **100,000.00**

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324**

10. If changed, new registered agent/office  
Name  
Street Address (P.O. Box Number Is Not Acceptable)  
Suite, Apt. #, etc. **1000031005891--0**  
City **-10/05/99--01071--008**  
**FL 331026.25**

10a. I, the undersigned, in accordance with sections 620.105(1) 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 of 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 of General Partner(s)	Address of Each General Partner (DO NOT Use Post Office Box Numbers)	City, State and Zip Code	11a. Registration Document Number
<b>JDI-KISSIMMEE REALTY PARTNERS, INC.</b>	<b>150 S. WACKER DRIVE</b>	<b>CHICAGO, IL 60606</b>	<b>F94000001547</b>  <b>99</b> <b>9-30</b>

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

12. I 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 form 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 **Kevin Connor** DATE **9/17/99**  
President of the Limited Partnership Signing Form **KEVIN CONNOR, PRESIDENT OF** Telephone Number **312-782-4550**  
**JDI-KISSIMMEE REALTY PARTNERS, INC.**

CR2E039 (12/98)