


**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 97 JAN -2 PM 12: 26 mtm 1/8
1. Name of Limited Partnership AA HOLDINGS C.V. LIMITED PARTNERSHIP		1a. DOCUMENT # B96000000051	
Mailing Address 69 WEST WASHINGTON STREET CHICAGO IL 60602		Principal Office Address 69 WEST WASHINGTON STREET CHICAGO IL 60602	
2. Mailing Address 225 N. Michigan Avenue Suite, Apt. #, etc.		2a. Principal Office Address 225 N. Michigan Avenue Suite, Apt. #, etc.	
City & State Chicago, Illinois		City & State Chicago, Illinois	
Zip Country 60601 U.S.A.		Zip Country 60601 U.S.A.	
3. Date Formed or Registered 02/08/1996		5a. Capital Contributions as Shown on record. \$0.00	
3a. Date of Last Report		5b. Amount of Capital Contributions in FLORIDA to date: \$0.00	
4. State or Country of Formation OC		6. FEI Number 36-4037256 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
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)	



9. Name and Address of Current Registered Agent SHEDIVY, JAMES H 15 SOUTH BENEVA ROAD SARASOTA FL 34237	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number, Street, City, State, Zip) Suite, Apt. #, etc. City Zip Code
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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 **01/09/97**

**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
BURROWS, JOHN B	WING ON CENTRE, 25TH	CENTRAL, HONG KONG	
EDWARDS, JAMES D	1345 AVENUE OF THE AM	NEW YORK NY 10105	
MEASELLE, RICHARD L	69 WEST WASHINGTON ST 225 North Michigan Ave	CHICAGO IL 60602 Chicago, IL 60601	
RUFFALO, HARRY V	69 WEST WASHINGTON ST 225 N. Michigan Ave.	CHICAGO IL 60602 Chicago, IL 60601	
SOTO, MANUEL	ROUTE DE PRE-BOIS 29,	SWITZERLAND	
VAZQUEZ, JOSE L	69 WEST WASHINGTON ST 33 WEST MONROE	CHICAGO IL 60602 Chicago, IL 60603	

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 _____ DATE _____

CIT2E003 (6/96)