

**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 31 PM 1:58

1. Name of Limited Partnership

1a. DOCUMENT #

B9600000051

**AA HOLDINGS C.V. LIMITED PARTNERSHIP**

Mailing Address

Principal Office Address

225 NORTH MICHIGAN AVENUE  
CHICAGO, ILLINOIS 60601

3. Date Formed or Registered

02/08/96

5a. Capital Contributions as Shown on record.

\$0

3a. Date of Last Report

5b. Amount of Capital Contributions in FLORIDA to date

2. Mailing Address

2a. Principal Office Address

4. State or Country of Formation

OC

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. FEI Number

36-4037256

Applied For  
 Not Applicable

City & State

City & State

7. Certificate of Status Desired

X

\$8.75 Additional Fee Required

Zip

Country

Zip

Country

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

9. Name and Address of Current Registered Agent

10. If changed, new Registered Agent/Office

**SHEDIVY, JAMES W.**  
15 SOUTH BENEVA ROAD  
SARASOTA, FLORIDA 34237

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

BURROWS, JOHN B.  
EDWARDS, JAMES D.  
MEASELLE, RICHARD L.  
RUFFALO, HARRY V.  
SOTO, MANUEL  
VAZQUEZ, JOSE L.

WING ON CENTRE, 25TH  
1345 AVE. OF THE AMERICAS  
225 N. MICHIGAN AVENUE  
225 N. MICHIGAN AVENUE  
ROUTE DE PRE-BOIS 29  
33 W. MONROE

CENTRAL, HONG KONG  
NEW YORK, NY 10105  
CHICAGO, IL 60601  
CHICAGO, IL 60601  
SWITZERLAND  
CHICAGO, IL 60603

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\*\*\*\*165.00 \*\*\*\*150.00

165.00

52.50 103.75

8.75 dec (cus)

**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 exempt on 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

*Harry V. Buffalo*  
Harry V. Buffalo

DATE

12/26/97

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

(312) 507-2853

CR2E003 (6/97)