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

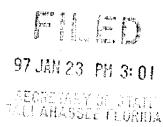
Sandra Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **B9600000317**

AMBASSADOR APARTMENTS (CRM DELAWARE) LIMITED PAR TNERSHIP





| Mailing Address | Principal Office Address | | 3. Date Formed or Registered | 5a. Capital Contributions as Shown on record | |
|---|--|--|--|---|--|
| C/O AMBASSADOR APARTMENTS, INC. 77 WEST WACKER DRIVE, SUITE 3900 CHICAGO IL 60601 | CORPORATION SERVICE COMP 1013 CENTRE ROAD WILMINGTON DE 19805 | | | \$990.00 | |
| • | | | 4. State or Country of Formation | 5b. Amount of Capital Contributions in FLORIDA to date: | |
| 2. Mailing Address | 2a. Principal Office Address | 2a. Principal Office Address | | \$990.00 | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 6. FEI Number Applied For Not Applicable | |
| City & State | City & State | City & State | | 7. Certificate of Status Desired \$8.75 Additional | |
| Zip Country | Zip | Zip Country | | Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee information) | |
| 9. Name and Address of C | urrent Registered Agent | | 10. If changed, new Registere | d Agent/Office | |
| C T CORPORATION SYSTEM | | Name | | | |
| 1200 SOUTH PINE ISLAND ROAD | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| PLANTATION FL 33324 | | Suite, Apt. #, etc | | | |
| | | City | | Zip Code | |
| agent I am familiar with, and accept the obless SIGNATURE (Hegistered Agent Accepting Appointme A GENERAL PARTNER TH | ent) | LIMITED PAR | DATE | - | |
| 11. Name(s) of General Partner(s) | 11a. (Do NOT Use Post Office I | | | 11c. Registration/ Document Number | |
| AMBASSADOR APARTMENTS, INC. | 77 WEST WACKER DR | IVE, | CHICAGO IL 60601 | F96000004140 | |
| | | | 300002 -01/24 ****1 | 0675234 /9701039002 91.25 ****191.25 | |
| Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. | | | | | |
| 12. If do hereby certify that the information supplier Corporations from any liability of non-complian the annual report is true and accurate and tha embowered to execute this report a frequire. | ce with Section 119.07(3)(k) in the event that the t my signature shall have the same legal effects a | nformation supplied is de | erned exempt from public access. I furth | ner certify that the information indicated on | |

Typed or Printed Name of General Partner Signing Form

SIGNATURE

Adam D. Peterson

Daytime Telephone Number

312-917-4401