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

1. Name of Limited Partnership

DOCUMENT # 18970000000033

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 DEC 31 PM 3: 34



| ALLIED DISTRICT PROPERTIES, L.P. | | | | 100 140 150 0 151 1 154 1 153 1 154 1 154 1 154 1 154 1 154 1 154 1 154 1 | | | |
|---|---|--|------------------|--|--|--------------------------|--|
| Mailing Address S EAST MONROE, SUITE 1700 CHICAGO IL 60603 | Principal Office Address 525 W. MONROE. #1600 CHICAGO IL 60661 | | | 3. Date Formed or Registered 01/22/1997 | 5a. Capital Contributions as Shown on record \$4,000,000.00 5b. Amount of Capital Contributions in Ft ORIDA to date: | | |
| MINACO IL GOOD | | | | 3a. Date of Last Report | | | |
| 2. Mailing Address | 2a. Principal Office Address | 2a. Principal Office Address | | 4. Stale or Country of Formation | | | |
| iulte, Apt. #, etc. | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 6. FEI Number | Applied For | | |
| City & State | City & State | , | | 7. Cortificate of Status Desired | Not Applicable \$8.75 Additional Fee Required | | |
| Country | 7 1p | 7 ip Country | | 8. Make check payablo to: Dopt of State (See reverse side for fee information | | | |
| 9. Name and Address of Curre | nt Registered Agent | 1 | | 10. II changed, now Registere | d Agent/Office | | |
| LEXIS DOCUMENT SERVICES INC. 3953 W.W. KELLEY ROAD TALLAHASSEE FL 32311 | | Name Streel Address (P.O. Box Nuniber Is Not Acceptable) Suite, Apt. #, etc. | | | | | |
| 10a. Pursuant to the provisions of sections 620, 105 1 of for the purpose of changing its registered office agent, I am familiar wilth, and accopt the obligation IGNATURE (Registered Agent Accopting Appointment). A GENERAL PARTNER THA | or registered agent, or both, in the State of F ons of section 620,192, Florida Statutes | forida Such chan | ge was auth | orized by its general partner(s). I here | oby accept the | appointment of registere | |
| MUS 1. Name(s) of Gonoral Partner(s) | ST BE REGISTERED A | ND ACTIV | E WIT | H THIS OFFICE. | | Registration/ | |
| ALLIED DISTRICT PROPERTIES C | Addross of Each General Partner (Do NOT Use Post Office Box Numbers) 55 E. MONROE, SUITE 1 | | CHICAGO IL 60603 | | 11c. Document Number F97000000342 | | |
| 4 | | | | 900002 -01/1 <u>4</u> | 4000 /930 | 6 091 1114004 | |
| 1 | | | | 非冰冰水5. | 41.25 | ****541.25 | |

SIGNATURE

Goodman Typed or Printed Name of General Partner Styring Form