2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
04 JUN 28 AM 9:34
TALLAHASSEE FLORIDA
MJH

DOCUMENT # B97000000033

1. Entity Name
ALLIED DISTRICT PROPERTIES, L.P.

Principal Place of Business	Mailing Address
180 N. STETSON AVE., STE. 3240 TWO PRUDENTIAL PLAZA CHICAGO, IL 60601	180 N. STETSON AVE., STE. 3240 TWO PRUDENTIAL PLAZA CHICAGO, IL 60601

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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 36-3964367 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEXIS DOCUMENT SERVICES INC. 1201 HAYS STREET TALLAHASSEE, FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	$4,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.	

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	F97000000342	STREET ADDRESS	
NAME	ALLIED DISTRICT PROPERTIES CORP.		
STREET ADDRESS	180 N STETSON AVE SUITE 3240	CITY-ST-ZIP	
CITY-ST-ZIP	CHICAGO, IL 60601		
DOCUMENT #		STREET ADDRESS	600038742236 07/06/04--01031--014 **526.25
NAME			
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STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP	3644-40199		

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: [signature] 4-2-04 312-565-9943
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #