2007 LIMITED PARTNERSHIP AN UAL REPORT Due By May 1, 2007

DOCUMENT # B97000000033

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



FILED Feb 19, 2007 08:00 AM Secretary of State

Principal Place of Business

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

180 N. STETSON AVE., STE. 3240 TWO PRUDENTIAL PLAZA CHICAGO, IL 60601



DO NOT WRITE IN THIS SPACE

02132007 No Chg-LP

CR2E003 (12/06)

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

LEXIS DOCUMENT SERVICES INC. 1201 HAYS STREET TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

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 accep	t
	the obligations of registered agent,		
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		والمراجع الأفار وموناك	٠.

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

DATE

FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00

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.

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	12. •	GENERAL PARTNER INFORMATION	
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	F9700000342 ALLIED DISTRICT PROPERTIES CORP. 180 N STETSON AVE SUITE 3240 CHICAGO, IL 60601	
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		
	DOCUMENT # NAME STREET ADDRESS CITY+ST-ZIP		
	DOCUMENT) NAME STREET ADDRESS City-ST-Zip		
	DOCUMENT # .NAME STREET ADDRESS CITY+ST-ZIP	SETT ENGLY, JOHNSON COLUMN	

- U00000641494 02/28/07-80108-020 500.00

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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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

DOCUMENT /
NAME
STREET ADDRESS
CITY - SI - ZIP

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-13-07

312-56558

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Daytime Phone #