2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

B9700000033 **DOCUMENT #**

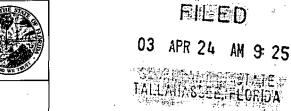
1. Entity Name
ALLIED DISTRICT PROPERTIES, L.P.

Principal Place of Business 180 N. STETSON AVE., STE. 3240

TWO PRUDENTIAL PLAZA



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





CHICAGO IL 60601			CHICAGO IL 60601							
2. Principal Place of Business			3. Mailing Address					 		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DUE BY MAY 1, 2003				
City & State			City & State			4. FEI Number	36-3964367		Applied For Not Applicable	
Zip & Country			Zip Country			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				gent	
LEXIS DOCUMENT SERVICES INC.					Name					
3953 W.W. KELLEY ROAD					Street Address (P.O. Box Number is Not Acceptable)					
TALLAHASSEE FL 32311										
IALLAMASSEE PL 32311									1	
					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 Signature, typed or printed name of registered agent and title it applicable.										
9. Capital Contributions as Shown on record. \$4,000,000.00 10. Amount of Capital in FLORIDA to date					tributions 11. MAKE CHECK PAYABLE TO FL. DEF SEE REVERSE SIDE FOR FEE INFO					
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				ADDRESS CHANGES ONLY					
DOCUMENT #	F9700000		STREET ADD	STREET ADDRESS						
NAME		STRICT PROPERTIES CO ETSON AVE SUITE 3240						 		
STREET ADDRESS CITY-ST-ZIP	CHICAGO IL 60601			CITY-ST-ZIF	CITY-ST-ZIP					
DOCUMENT # NAME				STREET ADD	SEET ADDRESS					
STREET ADDRESS CITY-ST-ZIP				CITY-ST-ZIF	TY-ST-ZIP					
DOCUMENT # NAME			STREET ADD	ESS	.20					
STREET ADDRESS CITY-ST-ZIP						047247	<u>00165</u> 03-01086	007	**528. 25	
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STREET ADDRESS CITY-ST-ZIP				CITY-ST-ZIF						

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:

(3,2)565-6558

CR2E003 (10/02)