


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Mar 10, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # B97000000674</b> 1. Entity Name <b>MHC FINANCING LIMITED PARTNERSHIP</b>	
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Principal Place of Business <b>2 NORTH RIVERSIDE PLAZA</b> <b>SUITE 800</b> <b>CHICAGO, IL 60606</b>	Mailing Address <b>2 NORTH RIVERSIDE PLAZA, SUITE 800</b> <b>C/O JENNIFER USHER</b> <b>CHICAGO, IL 60606-2600</b>
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	

01142004 Chg-LP CR2E003 (10/03)

4. FEI Number <b>36-3871288</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>LEXIS DOCUMENT SERVICES, INC.</b> <b>1201 HAYS STREET</b> <b>TALLAHASSEE, FL 32301</b>
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7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float:right"><b>FL</b></span> Zip Code
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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 <b>\$1,662,035.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>1,662,035.00</b>	
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**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														
<table border="1" style="width:100%"> <tr> <td style="width:15%">DOCUMENT #</td> <td><b>F97000006602</b></td> </tr> <tr> <td>NAME</td> <td><b>MHC-QRS, INC.</b></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>2 NORTH RIVERSIDE PLAZA</b></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>CHICAGO, IL 60606</b></td> </tr> </table>	DOCUMENT #	<b>F97000006602</b>	NAME	<b>MHC-QRS, INC.</b>	STREET ADDRESS	<b>2 NORTH RIVERSIDE PLAZA</b>	CITY-ST-ZIP	<b>CHICAGO, IL 60606</b>	<table border="1" style="width:100%"> <tr> <td style="width:40%">STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>U00000094730</b></td> </tr> <tr> <td></td> <td><b>03/24/04-80001-008 526.25</b></td> </tr> </table>	STREET ADDRESS		CITY-ST-ZIP	<b>U00000094730</b>		<b>03/24/04-80001-008 526.25</b>
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

**MHC-QRS, Inc.** 02/24/04 312/279-1400  
**SIGNATURE: By: David W. Fell** David W. Fell, Secretary of MHC-QRS, Inc.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE