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FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership 201 GAINESVILLE LIMITED PARTNERSHIP		1a. DOCUMENT # A97000002944	
Mailing Address 3175 COMMERCIAL AVE., SUITE 222 NORTHBROOK IL 60062		Principal Office Address 3175 COMMERCIAL AVE., SUITE 222 NORTHBROOK IL 60062	
2. Mailing Address 3000 TOWNSHIP LINE Suite, Apt. #, etc. City & State DREXEL HILL PA Zip Country 19026 DELAWARE		2a. Principal Office Address 201 W. UNIVERSITY Suite, Apt. #, etc. AVE. City & State GAINESVILLE FL Zip Country 32601	
3. Date Formed or Registered 12/31/1997		5a. Capital Contributions as Shown on record \$30,000.00	
3a. Date of Last Report 04/21/1998		5b. Amount of Capital Contributions in FLORIDA to date. 30,000	
4. State or Country of Formation FL		6. FEI Number ☒ Applied For ☐ Not Applicable	
7. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		8. Make check payable to: Dept. of State (See reverse side for fee information) \$298.75	
9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 300002739065-2 Suite, Apt. #, etc. -01/13/99-01009-031 City FL Zip Code ***298.75 ***298.75	
10a. Pursuant to the provisions of sections 820.1051 and 820.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of section 820.192, Florida Statutes.			
SIGNATURE (Registered Agent Accepting Appointment) _____		DATE _____	
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.			
11. Name(s) of General Partner(s) 201 GAINESVILLE, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 3175 COMMERCIAL AVE.,	11b. City, State & Zip Code NORTHBROOK IL 60062	11c. Registrar's Document Number P97000091838
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.			
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(c) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 820, Florida Statutes.			
SIGNATURE _____		MGP MANAGEMENT DATE 12/29/98	
Typed or Printed Name of General Partner Signing Form WILLIAM G. MC KEE		Daytime Telephone Number 610-449-3656	

CR2E003 (8/98)