

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

2004 APR 22 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B93000000539

1. Entity Name
ECD-BRIAR CREEK LIMITED PARTNERSHIP



Principal Place of Business
**250 PARKWAY DR., STE. 120
LINCOLNSHIRE, IL 60069**

Mailing Address
**250 PARKWAY DR., STE. 120
LINCOLNSHIRE, IL 60069**



2. Principal Place of Business
250 Parkway Drive

3. Mailing Address
250 Parkway Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite #120

Suite #120

City & State
Lincolnshire, IL

City & State
Lincolnshire, IL

01082004 Chg-LP CR2E003 (10/03)

4. FEI Number
36-3914430

Applied For
Not Applicable

Zip
60069

Country
US

Zip
60069

Country
US

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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

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

DATE

9. Capital Contributions
as Shown on record. **\$3,300,000.00**

10. Amount of Capital Contributions
in FLORIDA to date. **\$3,300,000.00**

**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.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**F93000004901
ECD-BRIAR CREEK, INC.
250 PARKWAY DR., STE. 120
LINCOLNSHIRE, IL 60069**

STREET ADDRESS

CITY-ST-ZIP

**000035797290
05/10/04-01032-018 ***\$35.00**

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STREET ADDRESS

CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/21/04

(847) 229-9200

Date

Daytime Phone #

Scott Greenberg

STAPLE CHECK HERE