2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006 DOCUMENT # A33099 1. Entity Name CLASSIC RESIDENCE MANAGEMENT LIMITED **PARTNERSHIP** Mailing Address Principal Place of Business 71 S. WACKER DRIVE, STE 900 71 S. WACKER DRIVE, STE 900 CHICAGO, IL 60606 CHICAGO, IL 60606 DO NOT WRITE IN THIS SPACE 36-3558465 6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC.

FILED Apr 24, 2006 08:00 Al Secretary of State



01122006 No Chg-LP	CR2E003 (11/05)	
4. FEI Number	Applied For	
36-3558465	Not Applicable	

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE

TALLAHA	SSEE, FL 32301	IN THIS SPACE
	e named entity submits this statement for the purpose of changing its regist tions of registered agent.	ered office or registered agent, or both, in the State of Florida. I am familiar with, and accep
SIGNATURE	Signature, lyped or printed name of registered agent and title if applicable	DATE
	FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00	THE SECOND SECON
	A GENERAL PARTNER THAT IS A BUSINESS ENTITY NOTE: General Partners MAY NOT be changed on the for	MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. m; an amendment must be filed to change a general partner.
12.	GENERAL PARTNER INFORMATION	் நிருந்து இருந்து இரு இருந்து இருந்து இருந்த
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	M04000002818 CRMI, LLC 71 S. WACKER DRIVE, STE 900 CHICAGO, IL 60606	U00000\$30969
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		05/06/06-80018-005 500.00
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
DOCUMENT / NAME STREET ADDRESS GITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS GITY-ST-ZIP		
 14. I hereby indicated 	certify that the information supplied with this filing does not qualify for the don this report is true and accurate and that my signature shall have the sa	exemptions contained in Chapter 119, Florida Statutes. I further certify that the information me legal effect as if made under oath, that I am a General Partner of the limited partnership

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

NTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE:

1201 HAYS STREET

SUITE 105

Stephanie Fields

3/20/06

Date

312-803-8800

Daytime Phone #