

2020 FOREIGN LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# B18000000320

Entity Name: ARTHUR ANDERSEN LLP**Current Principal Place of Business:**1405 NORTH FIFTH AVENUE
ST CHARLES, IL 61074**Current Mailing Address:**1405 NORTH FIFTH AVENUE
ST CHARLES, IL 61074 US**FEI Number:** 36-0732690**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**General Partner Detail :**

Document # M18000011384
Name OMEGA MANAGEMENT I, LLC
Address 1405 NORTH FIFTH AVENUE
City-State-Zip: ST CHARLES IL 61074

Document # M18000011385
Name OMEGA MANAGEMENT II, LLC
Address 1405 NORTH FIFTH AVENUE
City-State-Zip: ST CHARLES IL 61074

Document # M18000011386
Name OMEGA MANAGEMENT III, LLC
Address 1405 NORTH FIFTH AVENUE
City-State-Zip: ST CHARLES IL 61074

Document # M18000011387
Name OMEGA MANAGEMENT IV, LLC
Address 1405 NORTH FIFTH AVENUE
City-State-Zip: ST CHARLES IL 61074

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LAURIE ASHBROOK**CFO****01/13/2020**_____
Electronic Signature of Signing General Partner Detail_____
Date