## 2006 LIMITED PARTNERSHIP ANNUAL REPORT

## DOCUMENT# A0500000110

400 E. OHIO STREET

CHICAGO, IL 60611

Address: City-St-Zip:

Entity Name: THE MAZZOLIN/LEMAR LIMITED PARTNERSHIP

FILED Aug 14, 2006 Secretary of State

| Current Pr   | incipal Place   | of Business:                     | New Principal Place of                                  | New Principal Place of Business:          |  |
|--|---|----------------------------------|---|---|--|
|  | E APPLE DR<br>EACH, FL 3:                                   |                                  |   |   |  |
| Current Mailing Address:   |   |                                  | New Mailing Address:                                    |   |  |
| 16842 ROSE APPLE DRIVE<br>DEL RAY BEACH, FL 334457022                    |   |                                  | 30 N. LASALLE STREET<br>SUITE 2610<br>CHICAGO, IL 60602 | SUITE 2610                                |  |
| FEI Number:  | 20-3650285  | FEI Number Applied For ( )       | FEI Number Not Applicable ( )                           | Certificate of Status Desired ( )         |  |
| Name and Address of Current Registered Agent:                            |   |                                  | Name and Address of N                                   | Name and Address of New Registered Agent: |  |
| BROOKS, [<br>725 NORTH<br>JUPITER, F                                     | HIGHWAY.  | A1A, SUITE E109<br>JS            |   |   |  |
| The above in the State   |   | submits this statement for the p | purpose of changing its registered o                    | ffice or registered agent, or both        |  |
| SIGNATUR   | E:  |                                  |   |   |  |
|  | Electro   | nic Signature of Registered Ag   | ent   | Date                                      |  |
|  |   |                                  |   |   |  |
| GENERAL PARTNER INFORMATION:   |   |                                  | ADDRESS CHANGES ONLY:                                   |   |  |
| Document #:<br>Name:<br>Address:<br>City-St-Zip:<br>Document #:<br>Name: | MAZZOLIN, AN<br>16842 ROSE A<br>DEL RAY BEAN<br>LEMAR, AMAL | PPLE DRIVE<br>CH, FL 334457022   | Address:<br>City-St-Zip:                                |   |  |

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: AMALIA MAZZOLIN GP 08/14/2006