


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

<b>DOCUMENT # A05272</b>		
1. Entity Name <b>THE CASSU INVESTMENT GROUP, LTD.</b>		

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 FEB 27 AM 9:25

Principal Place of Business <b>C/O JOHN S. SHAPIRA 115 SOUTH LASALLE ST. SUITE 3500 CHICAGO IL 60603</b>	Mailing Address <b>C/O JOHN S. SHAPIRA 115 SOUTH LASALLE ST. SUITE 3500 CHICAGO IL 60603</b>
---	---



MOORE CR2E003 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>36-6439516</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
---	---------------------------------------

<b>6. Name and Address of Current Registered Agent</b>
<b>C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>

<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$78,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. <b>MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
---	---	--

**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 #	F94000004381	STREET ADDRESS	
NAME	TOMBER CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	115 S. LASALLE ST., #3500		
CITY-ST-ZIP	CHICAGO IL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

**800030233578**  
**03/10/04--01049--012 \*\*546.00**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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.

**TOMBER CORPORATION, General Partner**

*John S. Shapira*  
**John S. Shapira, President**

**SIGNATURE:** \_\_\_\_\_ **DATE:** **03-14-2004** **32443-0277**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #

STAPLE CHECK HERE