FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT

1997

IROQUOIS PARTNERS LIMITED



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partriership

100 SOUTH WACKER DRIVE

Mailing Address

SUITE 1140

CHICAGO IL 60606

2. Mailing Address

Suite, Apt #, etc

City & State

DOCUMENT # A11426

Principal Office Address

CHICAGO IL 60606

SUITE 1140

Suite, Apt. #, etc.

City & State

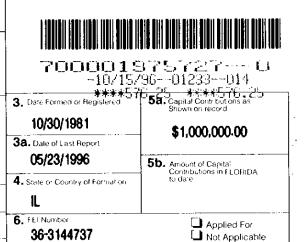
ZiD

100 SOUTH WACKER DRIVE

2a. Principal Office Address

FILLED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 00T 10 PH 2: 14



8. Make check payable to Dept of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent	10. If changed new Registered Agent/Office
HALL, W. GARVIE 3824 S. FLORIDA AVE. LAKELAND FL 33803	Name (:
	Street Address (P.O. Box Number Is Not Acceptable)
	Suite, Apt. #, etc.
	City Zip Code
	how a named knowled nectures his proper zero or registered under the laws of the State of Fooridal submits this statemen

Country

for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by its general partner(s). Thereby accept the appointment of registered agent 1 am familiar with, and accept the obligations of section 620-32. Flor da Statutes

SIGNATURE (Registered Agent Accepting Appointment)

Country

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

\$8.75 Additional Fee Required

MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. Registration/ Address of Each General Partner (Do NOT Use Post Office Box Numbers) 11b. City, State & Zip Code 11c. 11. Name(s) of General Partner(s) Document Number WINNETKA IL **505 HOYT LANE** DICKES, BYRAM E MCLAGAN, CHARLES BRUCE 425 EAST 7TH ST HINSDALE IL 103 STEPHEN MATHER RO DARIEN CT SMITH, F. SAMUEL DARIEN CT **15 LINDA LANE** VAN DEN BROEK, ALBERTUS

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filling is yoluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes Trelease the Division of 1 non-compliance with Section 1/B Q7(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on a curate and that my signature shall have the same legal effects as 4 made under each I further certify that I am a General Partner of the limited partnership receiver or trustee this annual report is true ar empowered to execute the

SIGNATURE -

Typed or Printed Name of General Partner Signing Form

7. Certificate of Status Desired

Daytinic Telephone Number

CR2E003 (6/96)