

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 OCT 16 PM 1:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership

1a. DOCUMENT #  
A11426

IROQUOIS PARTNERS LIMITED

Mailing Address

Principal Office Address

100 SOUTH WACKER DRIVE  
SUITE 1140  
CHICAGO IL 60606

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SUITE 1140  
CHICAGO IL 60606

3. Date Formed or Registered

10/30/1981

5a. Capital Contributions as  
Shown on record.

\$1,000,000.00

3a. Date of Last Report

12/04/1997

5b. Amount of Capital  
Contributions in FLORIDA  
to date:

4. State or Country of Formation

IL

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

6. FEI Number

36-3144737

☐ Applied For  
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

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

9. Name and Address of Current Registered Agent

HALL, W. GARVE  
3824 S. FLORIDA AVE.  
LAKELAND FL 33803

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement 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). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

*W. Garve Hall*

DATE

10/8/98

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/  
Document Number

DICKES, BYRAM E

505 HOYT LANE

WINNETKA IL

MCLAGAN, CHARLES BRUCE

425 EAST 7TH ST

HINSDALE IL

SMITH, F. SAMUEL

103 STEPHEN MATHER RO

DARIEN CT

VAN DEN BROEK, ALBERTUS

15 LINDA LANE

DARIEN CT

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*dec*

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 filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate, and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

*Byram E. Dickes*

DATE

Oct 10 98

Typed or Printed Name of General Partner Signing Form

BYRAM E. DICKES

Daytime Telephone Number 312 236 6010

CR2E003 (8/98)