2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED
04 AUG 16 PM 2:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

DOCUMENT # A11426

1. Entity Name
IROQUOIS PARTNERS LIMITED

Principal Place of Business	Mailing Address
1200 CENTRAL AVE., SUITE 306 WILMETTE, IL 60091	1200 CENTRAL AVE., SUITE 306 WILMETTE, IL 60091

07162004 Chg-LP CR2E003 (10/03) 8.10

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 36-3144737 ☐ Applied for ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HALL, W. GARVIE 3824 S. FLORIDA AVE. LAKELAND, FL 33803	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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.	10. Amount of Capital Contributions in FLORIDA to date.	In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.
$1,000,000.00	0	

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 #		STREET ADDRESS	
NAME	DICKES, BYRAM E	CITY-ST-ZIP	
STREET ADDRESS	505 HOYT LANE		
CITY-ST-ZIP	WINNETKA, IL		
DOCUMENT #		STREET ADDRESS	
NAME	MCLAGAN, CHARLES BRUCE	CITY-ST-ZIP	
STREET ADDRESS	425 EAST 7TH ST		
CITY-ST-ZIP	HINSDALE, IL		
DOCUMENT #		STREET ADDRESS	12 THOMAS PLACE
NAME	SMITH, F. SAMUEL	CITY-ST-ZIP	ROWAYTON, CT 06853
STREET ADDRESS	103 STEPHEN MATHER ROAD		
CITY-ST-ZIP	DARIEN, CT		
DOCUMENT #		STREET ADDRESS	
NAME	VAN DEN BROEK, ALBERTUS	CITY-ST-ZIP	
STREET ADDRESS	15 LINDA LANE		
CITY-ST-ZIP	DARIEN, CT		
DOCUMENT #		STREET ADDRESS	800040593438 08/27/04--01088--003 **141.25
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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

SIGNATURE: Byram Dickes July 16, 04 847-920-1673
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #