

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

APPROVED
 AND
 FILED

04 MAY -4 PM 4:52

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A13126		
1. Entity Name LINCOLN ISLAND ASSOCIATES NO. 1, LIMITED		

Principal Place of Business 2700 SANDERS ROAD PROSPECT HEIGHTS, IL 60070	Mailing Address ATTN: FRED SCHIMEL 2700 SANDERS ROAD PROSPECT HEIGHTS, IL 60070
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02202004 Chg-LP CR2E003 (10/03)

4. FEI Number 75-1843929		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent	
		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	\$24,461,655.00	10. Amount of Capital Contributions in FLORIDA to date.	\$526.25
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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 #	F90358	STREET ADDRESS	400036548414
NAME	H I VENTURE FOUR, INC.	CITY-ST-ZIP	05/18/04--01041--024 **1052.50
STREET ADDRESS	2700 SANDERS ROAD		
CITY-ST-ZIP	PROSPECT HEIGHTS, IL 60070		
DOCUMENT #		STREET ADDRESS	400036548414
NAME		CITY-ST-ZIP	05/18/04--01041--024 **526.25
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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: *Fred Schimel* 4-19-04 (847) 504-7943
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #