## 2006 LIMITED PARTNERSHIP ANNUAL REPORT • Due By May 1, 2006

FILED Apr 18, 2006 08:00 AM Secretary of State

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1. Entity Name

LINCÓLN ISLAND ASSOCIATES NO. 1, LIMITED



Principal Place of Business

2700 SANDERS ROAD

PROSPECT HEIGHTS, IL 60070

Mailing Address

ATTM FRED SCHIMEL 2700 SANDERS ROAD PROSPECT HEIGHTS, IL 60070



## DO NOT WRITE IN THIS SPACE

02132006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 75-1843929 Applied For Not Applicable

5. Certificate of Status Desired

\$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

STAPLE CHECK HERE

NAME SIRELI ADDRESS

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of changing its regions of registered agent.	stered office or registered agent, or both, in the State of Florida.	am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	DA	tF.
	FILE NOW!!! FEE !!! \$500.00 After May 1, 2006, Fee will be \$900.08		
	A GENERAL PARTNER THAT IS A BUSINESS ENTIT NOTE: General Partners MAY NOT be changed on the f	Y MUST BE REGISTERED AND ACTIVE WITH THIS OFF orm; an amendment must be filed to change a general	
12.	GENERAL PARTNER INFORMATION		
DOCUMENT #	F90358		
NAME	HIVENTURE FOUR, INC.	•	1
STREET ADDRESS	2700 SANDERS ROAD	- U00000519	1351 107-015 500.00
217 - 57 - 218	PROSPECT HEIGHTS, IL 60070	05/02/06-800	107-015 500.00
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14. I hereby certify that the information supplied with this litting does not quality for the exemptions contained in Chapter 119, 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 path, 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: FO Schied

vice President of General Partner

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