

**FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION  
AND \$500 PENALTY FEE**

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1997</b>		FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 APR -9 PM 4:20

<b>1. Name of Limited Partnership</b>  CENTER PARTNERS, LTD.	<b>1a. DOCUMENT #</b> <div style="font-size: 1.5em; font-weight: bold;">A15418</div>
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<b>Mailing Address</b> 900 N. MICHIGAN AVENUE SUITE 2000 CHICAGO IL 60611	<b>Principal Office Address</b> 900 N. MICHIGAN AVENUE SUITE 2000 CHICAGO IL 60611
<b>2. Mailing Address</b>  Suite, Apt. #, etc.  City & State  Zip                      Country	<b>2a. Principal Office Address</b>  Suite, Apt. #, etc.  City & State  Zip                      Country

<b>3. Date Formed or Registered</b> 09/30/1983	<b>5a. Capital Contributions as Shown on record.</b> <div style="font-size: 1.2em; font-weight: bold;">\$500.00</div>
<b>3a. Date of Last Report</b> 11/14/1995	<b>5b. Amount of Capital Contributions in FLORIDA to date:</b> <div style="font-size: 1.2em; font-weight: bold;">\$500.00</div>
<b>4. State or Country of Formation</b> IL	
<b>6. FEI Number</b> 36-3228927	
<b>7. Certificate of Status Desired</b> <div style="float:right"> <input type="checkbox"/> Applied For  <input checked="" type="checkbox"/> Not Applicable                 </div>	
<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>	

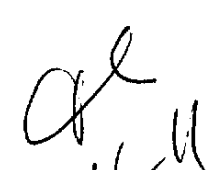
<b>9. Name and Address of Current Registered Agent</b>  C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	<b>10. If changed, new Registered Agent/Office</b> Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City                      FL                      Zip Code
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**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) \_\_\_\_\_ DATE \_\_\_\_\_

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

<b>11. Name(s) of General Partner(s)</b>  JMB REALTY CORPORATION	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b>  900 N. MICHIGAN AVE	<b>11b. City, State &amp; Zip Code</b>  CHICAGO IL	<b>11c. Registration/ Document Number</b>  F92000000233
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**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 M. Mortham, Assistant Secretary DATE 04-03-97  
 Typed or Printed Name of General Partner Signing Form JMB Realty Corporation Daytime Telephone Number 312 915-5854

CR2E003 (11/96)