FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT **1997**



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

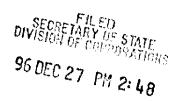
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

SIGNATURE -

Typed or Printed Name of General Partner Signing Form

1a. DOCUMENT # **A15689**





SUN POINTE PLACE LIMITED PARTNERSHIP				T 104 ION 11001 NINDER BINDE DITOR 104 ION ON ON THE STAN OUR BINDER BINDER BINDER BINDER BINDER BINDER BINDER			
Jailling Address	Principal Office Address			3. Date Formed or Registered	5a. Capita	al Contributions as n on record.	
% M&J WILKOW OF FLORIDA. INC. % M&J WILKOW OF FLOR		IDA INC		11/09/1983			
180 NORTH MICHIGAN AVENUE. SUITE 200	180 NORTH MICHIGAN AVENUE, SUITE 200 CHICAGO IL 60601 2a. Principal Office Address		;	3a. Date of Last Report 12/27/1995 4. State or Country of Formation FL		\$5,024,250.00 5b. Amount of Capital Contributions in FLORIDA to date: \$5,024,250.00	
CHICAGO IL 80601							
2. Mailing Address							
Suite, Apt #, etc	Suite. Apt. #, etc.			6. FE: Number		Applied For	
City & State	City & State			7. Certificate of Status Desired		Not Applicable \$8.75 Additional	
Zip Country	Zip Country			Required R. Make check payable to: Dept. of State (See reverse side for fee informal			
9. Name and Address of Current Registered Agent			10. II changed, new Registered Agent/Office Name				
C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		Street Address (P.O. Box Number Is Not Acceptable)					
		Suite, Apt #, etc.					
		City			FL	Zip Code	
10a. Pursuant to the provisions of sections 620,1061, for the purpose of changing its registered office agent. I am familiar with, and accept the obligations of the purpose of the pur	or registered agent, or both, in the State of Fix ions of section 620 192, Florida Statules.	orida Such char	nge was autho	rized by its general partner(s). The	the State of Flori ereby accept the	da, submits this stateme appointment of register	
A GENERAL PARTNER THA	T IS A CORPORATION,	LIMITED	PARTN	IERSHIP OR OTH		NESS ENTIT	
11. Name(s) of General Partner(s)	ST BE REGISTERED AN Address of Each Gener 11a. (Do NOT Use Post Office B		/E WIII 11b.	1 THIS OFFICE. City, State & Zip Code	11c.	Registration/ Document Number	
M&J WILKOW OF FLORIDA, INC. 180 N. MICHIGAN AVE#2			CHICAGO IL				
Maj Wilhow of Florida, INC.	100 N. MICHIGAN AVE	AIGAN AVE#2		UNICAGO IL		J48038	
•				200002 -01/01 ****\$	048 1 7/9701 576.25	1527 089023 ****576.25	
•							
Note: General partners MAY NO	OT be changed on this form	n: an am	endmen	t must be filed to ch	nange a g	eneral partne	

this armual report is free and accurate and that my signature shall have the same legal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee

Marc R. Wilkow

12-11-96

Daytime Telephone Number (312) 726-9622