

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

FILED

97 FEB 18 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra Morham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #
A17443

POWERLINE INDUSTRIAL CENTER ASSOCIATES, LTD.



Mailing Address

919 N. MICHIGAN AVE. #1500
CHICAGO IL 60611

Principal Office Address

919 N. MICHIGAN AVE. #1500
CHICAGO IL 60611

3. Date Formed or Registered

07/12/1984

5a. Capital Contributions as
Shown on record.

\$4,182,158.00

3a. Date of Last Report

12/26/1995

5b. Amount of Capital
Contributions in FLORIDA
to date:

\$4,525,283.00

4. State or Country of Formation

IL

6. FEI Number

36-3313084

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

LAYSTROM, C. WILLIAM JR
1177 S.E. 3RD AVENUE
FT LAUDERDALE FL 33316

10. If changed, new Registered Agent/Office

Name

000002094680--2

Street Address (P.O. Box Number is Not Acceptable)

02/21/97 01099-007

***2291.25 ***541.25

Suite, Apt. #, etc.

City

FL

Zip Code

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.**

11. Name(s) of General Partner(s)

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/
Document Number

ROSS, EDWARD W.

1240 N. LAKE SHORE DR

CHICAGO IL

SMITH, DONALD A.

320 WHITE OAK LANE

WINNETKA IL

KIPNIS, IRA A.

209 E. LAKE SHORE DR

CHICAGO IL

ROOTBERG, PHILIP

250 SOUTH WACKER DRIV

CHICAGO IL 60606

KOVEN, HOWARD R

250 SOUTH WACKER DRIV

CHICAGO IL 60606

dec

541.25 (new fee)

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

Edward W. Ross, General Partner

DATE

2/10/97

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

(312) 642-6000

CR2E003 (11/96)