

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED

2005 APR 21 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A23532

1. Entity Name
MERIDIAN PARK VILLAGE LIMITED PARTNERSHIP



Principal Place of Business
200 WEST MADISON STREET, SUITE 3700
CHICAGO, IL 60606

Mailing Address
200 WEST MADISON STREET, SUITE 3700
CHICAGO, IL 60606

2. Principal Place of Business

71 S. Wacker Drive
Suite, Apt. #, etc.
Suite 900

3. Mailing Address

71 S. Wacker Drive
Suite, Apt. #, etc.
Suite 900

04012005 Chg-LP CR2E003 (10/03)

City & State
Chicago, IL

City & State
Chicago, IL

4. FEI Number
58-1888900

Applied For
Not Applicable

Zip
60606

Country
USA

Zip
60606

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399

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

Signature, typed or printed name of registered agent and title, if applicable

DATE

9. Capital Contributions
as Shown on record. \$25,336,824.36

10. Amount of Capital Contributions
in FLORIDA to date.

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 # F98000000974
NAME CC-LANTANA, INC.
STREET ADDRESS 299 W. MADISON STREET, SUITE 3700
CITY-ST-ZIP CHICAGO, IL 606063416

STREET ADDRESS 71 SOUTH WACKER DRIVE, SUITE 900

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Stephanie Fields 4/5/05 (312) 803-8800

Date

Daytime Phone #

STAPLE CHECK HERE