~~FILE~~ ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAR 26 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT # A23579

FIRST DEARBORN INCOME PROPERTIES L.P., LTD.

Mailing Address	Principal Office Address
154 W. HUBBARD STE 250 CHICAGO IL 60610	154 W. HUBBARD STE 250 CHICAGO IL 60610

3. Date Formed or Registered: 11/13/1986

3a. Date of Last Report: 09/01/1998

4. State or Country of Formation: DE

5a. Capital Contributions as Shown on record: $709,500.00

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

6. FEI Number: 36-3473943 ☐ 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)

2. Mailing Address	**2a.** Principal Office Address
154 W. HUBBARD	154 W. HUBBARD
Suite, Apt. #, etc: STE 600	Suite, Apt. #, etc: STE 600
City & State: CHICAGO IL	City & State: CHICAGO IL
Zip: 60610 Country: USA	Zip: 60610 Country: USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. If changed, new Registered Agent/Office

Name

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

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 Number(s))	**11b.** City, State & Zip Code	**11c.** Registration/ Document Number
FDIP, INC.	154 W. HUBBARD	CHICAGO IL	P12232
FDIP ASSOCIATES, GENERAL PAR	154 W. HUBBARD	CHICAGO IL	G98244900046

C.J.C. MAR 2 [illegible] 1999

CR2E003 (12/98)

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 [signature] DATE 2-22-99

Typed or Printed Name of General Partner Signing Form: BRUCE BLOCK BY: FDIP INC. Daytime Telephone Number 312-464-0100