2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED Jan 12, 2005 08:00 AM Secretary of State

DOCUMENT # A24615 1. Entity Name GLENMORANGIE LIMITED PARTNERSHIP		O THE		,	Se	ecreta	ry oi State
Principal Place of Business Mailing Address 555 SKOKIE BLVD. 555 SKOKIE BLV SUITE 555 SUITE 555 NORTHBROOK, IL 60062 NORTHBROOK, I				1 1 1 1 	Bå bioko bilok ilsol bil		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2. Principal Place of Business 3. Mailing Address							
Suite, Apt. #, etc. Suite, Apt. #, etc.				01042005	Chg-LP	CR2E0	03 (10/03)
City & State	City & State	City & State		4. FEI Number 36-35384	401		Applied For Not Applicable
Zip Country	Zip	Country		5. Certificate of	Status Desired		\$8.75 Additional Fee Required
6. Name and Address of	Current Registered Agent		Name	7. Name and A	ddress of New I	Registered A	lgent
C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		L.		P.O. Box Number	is Not Acceptabl	e)	
I DESTRUCTED TO CONTRACT			00				75-0-4-
		1	City		2- 4- Ci-t4D	FL	Zip Code
The above named entity <u>submits</u> this state the obligations of registered agent.	ement for the purpose of changing its	s registered	office or register	ed agent, or both	, in the State of Fi	orida. Fami	amiliar with, and accept
SIGNATURE Signature, typed or printed name of regit	tered agent and title if applicable.					DATE	
9. Capital Contributions as Shown on record. \$765,000.0		date.					<u></u>
A GENERAL PAR NOTE: General Part	TNER THAT IS A BUSINESS EN ters MAY NOT be changed on t	NTITY MUS	ST BE REGIST an amendmen	TERED AND AC	TIVE WITH THE to change a g	ilis OFFICI Jeneral par	E. tner.
12. GENERAL	PARTNER INFORMATION	13.			ADDRESS CH		
DOCUMENT P41004 NAME BIG BEAR PROPERTIES, INC STREET ADDRESS 555 SKOKIE BLVD., #555			ADDRESS		<u>-</u>		· -
CITY-ST-ZIP NORTHBROOK, IL		CITY-ST					
DOCUMENT # NAME		STREET	ADDRESS			ביסכל וויוו	· <u>s</u>
STREET ADDRESS CITY-ST-ZIP		CITY-ST	T-ZIP		01/12/05	-80001	2 -018 526.25
DOCUMENT # NAME		SYREET	ADDRESS				
STREET ADDRESS CITY-S7-ZIP		CITY-ST	T- ZIP		- <u>-</u> -		
DOGUMENT #		STREET	ADDRESS				
STREET ADDRESS CITY-ST-ZIP		CITY-ST	T-ZIP				
DOCUMENT # NAME		STREET	ADDRESS		<u>.</u>		
STREET ADDRESS CITY-ST-ZIP		GITY-SI	T-ZIP				
DOCUMENT # NAME		STREET	ADDRESS				
STREET ADDRESS CITY-ST-ZIP		CITY+S		· <u></u> -			
14. I hereby certify that the information sup indicated on this report is true and acc the receiver or trustee empowered to g	plied with this filling does not qualify four grate and that my signature shall have you've this report as required by Chap	or the exemple the same leading the same leading to the same leading to the same leading the same leading to the same leading the same leading to the same leading to the same leading the same leading to the same leading the sam	ption stated in Se egal effect as if n orida Statutes	ection 119.07(3)(i) nade under oath;	, Florida Statutes that I am a Gene	. I further cer ral Parther of	tify that the information the limited partnership or
	uch	Dale	G. Kuntz		1/4/05		-480-4690
SIGNATURE AN	D TYPED OR PRINTED NAME OF SIGNING GENER	RAL PARTNER		ear Propert			Daytime Phone #