FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

98 NEC 31 PM 3: 59

1. Name of Limited Partnership	1a. DOCUMENT # A25005		300200.	1/14	
GULF AND PACIFIC COMMUNICATIONS LIMITED PARTNERSHIP					
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	7
900 N. MICHIGAN AVE.	900 N. MICHIGAN AVE.		08/07/1987	\$150,000.00	
CHICAGO IL 60611	CHICAGO IL 60611		3a. Date of Last Report	φισοισσίου	1
			07/08/1998	5b. Amount of Capital Contributions in FLORIDA	1
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	to date:	
900 N. Michigan Avenue	900 N. Michigan	_Avenue	DE	\$0	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	_avenue	6. FEI Number	Applied For	1
1900 City & State	City & State		36-3522970	Not Applicable	
Chicago, Illinois	Chicago, Illinois		7. Certificate of Status Desired	\$8.75 Additional Fee Required	7
Zip Country 60611 USA	Zip 60611	Country	Make check payable to: Dept. of S	Fee Required State (See reverse side for fee information)	-
00011 USA	90911	USA	J		\dashv
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office		
C T CORPORATION SYSTEM	a.	Name]
		Street Address (P.O. E	treet Address (P.O. Box Number Is Not Acceptable)		
PLANTATION FL 33324		Suite, Apt. #, etc.			
, =, =		City		Zin Code	-
		City		FL Zip Code	╛
10a. Pursuant to the provisions of sections 620.1051 and 6 for the purpose of changing its registered office or reg agent. I am familiar with, and accept the obligations of	istered agent, or both, in the State of Florid	l limited partnership orga a. Such change was auti	nized or registered under the laws of the norized by its general partner(s). I hereby	State of Fiorida, submits this statement accept the appointment of registered	
SIGNATURE (Registered Agent Accepting Appointment)			DATE		
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITION MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					j
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office Box	Partner (Numbers) 11b.	City, State & Zip Code	11c. Registration/ Document Number]
PACIFIC PROPERTIES, INC.	900 N. MICHIGAN AVE.	CH	ICAGO IL	F92000000426	CR2E003 (8/98)
			3000027 -01/15/ ****14	745153-0 9-01129-024 1,25 ****141.25	CR2
•					
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 KATANI M. O	'Mahonoil		D /	combar 20 1008	

O'Mahoney/Asst. Secretary Daytime Telephone Number (312) 915-1969 Typed or Printed Name of General Partner Signing Form _ Karen M.