
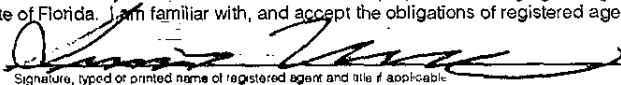
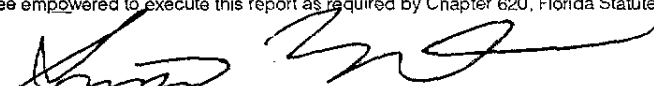


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED

**Jun 10, 2005 08:00 AM
Secretary of State**

DOCUMENT # A28656			
1. Entity Name GREENSBORO LIMITED PARTNERSHIP			
Principal Place of Business 801 SKOKIE BLVD. SUITE 106 NORTHBROOK IL 60062		Mailing Address 801 SKOKIE BLVD. SUITE 106 NORTHBROOK IL 60062	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent HKE&F REGISTERED AGENT CORP. 2601 S. BAYSHORE DR. SUITE 600 MIAMI FL 33133		7. Name and Address of New Registered Agent 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  DATE 4/21/05 <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record. \$980.00		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 #	SIGMUND LEFKOVITZ	STREET ADDRESS	
NAME	669 DUNDEE RD.	CITY- ST- ZIP	000000369435
STREET ADDRESS	GLENCO IL 60022		06/10/05-80005-025 141 25
CITY- ST- ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY- ST- ZIP	
STREET ADDRESS			
CITY- ST- ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY- ST- ZIP	
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NAME		CITY- ST- ZIP	
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: 		4/21/05	847-564-1880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	Daytime Phone #



1ST MOORE CR2E003 (10/04)

4. FEI Number 36-3567374 ☐ Applied For
Not Applicable

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

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

STAPLE CHECK HERE