


2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # A29309					
1. Entity Name IMAGES-DEL AMERICAN, LTD.					
Principal Place of Business 201 E. OGDEN AVE #26 HINSDALE IL 60521			Mailing Address 201 E. OGDEN AVE #26 HINSDALE IL 60521		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc			Suite, Apt. #, etc		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2979012	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SULLIVAN, MICHAEL J. HONIGMAN MILLER SCHWARTZ AND COHN 111 NORTH ORANGE AVENUE, SUITE 2050 ORLANDO FL 32801				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record.		\$1,100,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$1,100,000.00	
11. MAKE CHECK PAYABLE TO FL. DEPT. OF STA SEE REVERSE SIDE FOR FEE INFORMATION					
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 #	P28424			STREET ADDRESS	
NAME	PC IMAGES, INC.			CITY-ST-ZIP	
STREET ADDRESS	525 W. MONROE ST., #1				
CITY-ST-ZIP	CHICAGO IL 60606-3693				
DOCUMENT #				STREET ADDRESS	U000000096326
NAME				CITY-ST-ZIP	03/25/04-80018-024 526.25
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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)(l), 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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:  **Howard W. Edison, Vice President**

630/325-5800

3/31/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE