FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 DEC 24 AM 9:01

1. Name of Limited Partnership

1a. DOCUMENT # **A30378**

PEMBROKE ASSOCIATES LIMITED PARTNERSHIP OF ILLINOIS

Mailing Address

2355 WAUKEGAN ROAD
SUITE A200
BANNOCKBURN IL 60015

Principal Office Address

2355 WAUKEGAN ROAD
SUITE A200
BANNOCKBURN IL 60015

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip Country

3. Date Formed or Registered
07/11/1990

3a. Date of Last Report
12/18/1995

4. State or Country of Formation
IL

5a. Capital Contributions as Shown on Record
$14,500,000.00

5b. Amount of Capital Contributions in FLORIDA to date

6. FEI Number
36-3702112
☐ 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)

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST
STE 105
TALLAHASSEE FL 32301

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 Section(s) 101.1 and/or 617.1007, 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 and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of Section 620.992, Florida Statutes.

SIGNATURE (If changing Registered Agent, Acceptance Required) 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 Numbers)	**11b.** City, State & Zip Code	**11c.** Registration/ Document Number
PEMBROKE PARTNERS, INC.	2355 WAUKEGAN ROAD, S SUITE A200	BANNOCKBURN IL 60015	P37114

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I further certify, that the information above supplied with this report, voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of any kind in connection with Section 119.07(3)(i) in the event that the information supplied is determined exempt from public access. 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; 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.

JERRY M. OGLE
SIGNATURE
Vice President and Secretary
Typed or Printed Name of General Partner Signing Form

Jerry M Ogle
Pembroke Partners Inc, An Ill. Corp.

DATE 12/20/96

Daytime Telephone Number 847-317-4380

CR2E003 (96/9)

0012885