

FILED 97 JUN 16 PH 2: 26 SECRETARY OF STATE FALLAHASSEE, FLORIDA

DOCUMENT #

A30483

1. Name of Limited Partnership

ROSENTHAL COLLINS GROUP, L.P.

					1	DO NOT WRITE IN THIS SPACE.					
2. Mailing Address Oakland Blvd.		3. Principal Office Address 216 W. Jackson, Suite 200			200	Date For To Do B	med or Regis usiness in Flo	slored rida	August	199	0
Suite, Apl. #, etc.		Suite, Apt. #, etc.			5	5. FEI Number 36-2703743				Applied For	
Sulte 100 Ft ^{A Sta} lauderdale, FL 33306		Carchicago, IL 60606							Not Applicable		
				JO							nal Fee required
	oward	60606 Country		\lr							icate of Status
8a. Capital Contributions as Shown				/A.	7.	7. State or Country of Formation IIIIno)T'R	
8b. Amount of Capital Contributions in FLORIDA to date:		FEES:1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum \$437.50, for each year glue this office. 2.) Supplemental Fee(s): \$103.75 for each year glue this office, beginning with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent. Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.									
9. Name an	gistered Agent				10. If changed, new registered agent/office						
Prentice Hall 1201 Hayes, S Tallahassee,	Name Orfeo Street Add OF Ri 2727 Suite, Apt A, etc. Suite			ree Fra 727 E. (uite 10	Franza Osenthai Goldins Group, L.P.						
10a. Pursuent to the provisions of sections 620 1051 and 620.192, Florida Statutos, 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. I am familiar with, and accept the obligations of section 620.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) DATE D											
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. Address of Each General Partner City State and Vis Code Address of Each General Partner											
11. Names of General Partner(s)		(Do NOT Use Post Off		s) City, State and Zip Code				11a.		nt Number	
Leslie Rosenthal		216 W.Jackson,#200			Chicago, IL 60606						
J. Robert Collins		216 W.Jackson, #200 C			Chicag	Leago, IL 60606			`	C 2.4	
•				3				5/18/ 5/18/ 5/18/ 5/18/	97-01 6.25	986 986 958	556.25 -001
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. To 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 earth. 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.

DATE 5-5-97

J. Robert Collins, General Partner

Telephone Number (312) 984-5900