

**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004**


FILED

04 JUL 12 AM 10:40

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

DOCUMENT # A31010
1. Entity Name
CODEVCO LIMITED PARTNERSHIP



Principal Place of Business
2901 NORTH A1A
FT. PIERCE, FL 34949

Mailing Address
450 EAST DEVON AVENUE
ITASCA, IL 60143

2. Principal Place of Business
3211 N. A1A
Suite, Apt. #, etc.

3. Mailing Address
303 W. Madison
1300
Suite, Apt. #, etc.


City & State
Fort Pierce, FL

City & State
Chicago, Illinois

Zip
34949

Zip
60606

Country
Cook



07072004 Chg-LP CR2E003 (10/03) 7/12

4. FEI Number
36-3742918

Applied for
 Not Applicable

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

6. Name and Address of Current Registered Agent
**GARCIA, MAURICE M.
2021 TYLER STREET
HOLLYWOOD, FL 33022**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$100,792,032.20**

10. Amount of Capital Contributions in FLORIDA to date. **\$1,097,203.73**

**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 #	F92000000414	STREET ADDRESS	303 W. Madison - Suite 1300
NAME	CODEVCO REAL ESTATE CO.	CITY-ST-ZIP	Chicago, IL 60606
STREET ADDRESS	450 E. DEVON AVE.		
CITY-ST-ZIP	ITASCA, IL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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:  **Ivan S. Novick** **7/9/2004** **312 384-8113**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #