2004 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2004

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # A31812

1. Entity Name
WESTON HILLS COUNTRY CLUB LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
900 NORTH MICHIGAN AVENUE, SUITE 1400 CHICAGO, IL 60611	900 NORTH MICHIGAN AVENUE, SUITE 1400 CHICAGO, IL 60611

03162004 Chg-LP CR2E003 (10/03)

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 65-0061766 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	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	10. Amount of Capital Contributions in FLORIDA to date.	
$20,413,435.00	$20,413,435.00	

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 #	P34422	STREET ADDRESS	
NAME	WHCC, INC.	CITY-ST-ZIP	
STREET ADDRESS	900 N. MICHIGAN AVE.		
CITY-ST-ZIP	CHICAGO, IL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	U00000114956 04/15/04-80004-025 526.25
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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: Karen M Ewing Karen M. Ewing Asst. Secretary 3/18/04 312/915-1969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #