
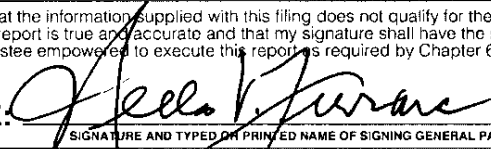


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By September 7, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 JUL 12 AM 9:44

<b>DOCUMENT # A31833</b> 1. Entity Name <b>SESANE FERRARA INVESTMENT PARTNERSHIP AGREEMENT, A LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>7301 W. HARRISON FOREST PARK, IL 60130</b>			Mailing Address <b>7301 W. HARRISON FOREST PARK, IL 60130</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		07052005    Chg-LP    CR2E003 (10/03)	
Zip		Country		4. FEI Number <b>36-3011205</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>FERRARA, NELLO V. 354 CHARLEMAGNE BLVD. NAPLES, FL 33962</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b>    Zip Code       </div>	
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. <b>\$80,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date. <b>\$80,000.00</b>		
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS	<div style="border: 1px solid black; padding: 2px;"> <b>000057767860</b>  <b>07/22/05--01003--008 **526.25</b> </div>	
STREET ADDRESS	830 N. LATHROP		CITY-ST-ZIP		
CITY-ST-ZIP	RIVER FOREST, IL 60305				
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	FERRARA, MARILYN D. 830 N. LATHROP		CITY-ST-ZIP		
CITY-ST-ZIP	RIVER FOREST, IL 60305				
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	FERRARA, SALVATORE 2 S 744 BARBIZON AVE		CITY-ST-ZIP		
CITY-ST-ZIP	OAK BROOK, IL 60523				
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	ALIOTO, SERAJEAN F. 1007 FRANKLIN		CITY-ST-ZIP		
CITY-ST-ZIP	RIVER FOREST, IL 60305				
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	DAVY, NELLA F. 1234 FRANKLIN		CITY-ST-ZIP		
CITY-ST-ZIP	RIVER FOREST, IL 60305				
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS			CITY-ST-ZIP		
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)(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: 			Nello V. Ferrara    8 July 2005		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date    Daytime Phone #</small>		

STAPLE CHECK HERE