


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # A33099	
1. Entity Name CLASSIC RESIDENCE MANAGEMENT LIMITED PARTNERSHIP	

Principal Place of Business 200 WEST MADISON #3700 CHICAGO, IL 60606	Mailing Address 200 WEST MADISON #3700 CHICAGO, IL 60606
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent			
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THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301			
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04052004 Chg-LP CR2E003 (10/03)

4. FEI Number 36-3558465	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent			
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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	

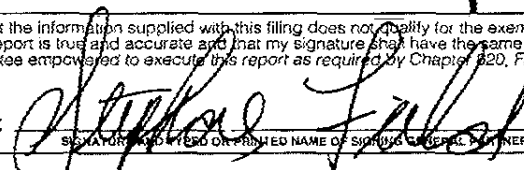
9. Capital Contributions as Shown on record. \$100,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
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DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P38372 CLASSIC RESIDENCE MANAGEMENT, INC. 200 W. MADISON CHICAGO, IL	STREET ADDRESS CITY - ST - ZIP	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 820, Florida Statutes

SIGNATURE: 	Stephanie W. Fields 4/6/04 312-750-8171
Signature typed or printed name of signing General Partner	Date Daytime Phone #

STAPLE CHECK HERE