

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005


FILED

2005 APR 21 PM 2:13

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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**

2. Principal Place of Business
71 S. Wacker Drive

3. Mailing Address
71 S. Wacker Drive

Suite, Apt. #, etc.
Suite 900

Suite, Apt. #, etc.
Suite 900

City & State
Chicago, IL

City & State
Chicago, IL

Zip
60606

Country
USA

Zip
60606

Country
USA



02012005 Chg-LP CR2E003 (10/03)

4. FEI Number
36-3558465

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE, FL 32301**

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 if applicable

9. Capital Contributions as Shown on record. **\$100,000.00**

10. Amount of Capital Contributions in FLORIDA to date. _____

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 # NAME STREET ADDRESS CITY-ST-ZIP	M04000002818 CRMI, LLC 200 W. MADISON CHICAGO, IL 60606	STREET ADDRESS CITY-ST-ZIP	71 S. WACKER DRIVE 900054239509
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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:  **Stephanie Fields** Date: **4/5/05** Davina Phone #: **(312) 803-8800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER