FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION AND \$500 PENALTY FEE

עועס עואא יייייייייייייייייייייייייייייייייי					
A CONTRACTOR	FI PRIDA DE PARTI	MENT OF OR OR OF OT		FILED TARY OF STATE OF CORPORATIONS	
Name of Limited Partnership	1a. DOCUMENT # A94000000560				
LOWELL/RBG X, LTD.) 12001011 1212 12111 51911 69111 3	INI DONI BONI BONI BONI DONE BIND DINI BON IDDI	
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
1451 SOUTH MIAMI AVENUE	1451 SOUTH MIAMI AVENUE Miami Fl 33130		04/22/1994	\$2,100,000.00	
MIAMI FL 33130			3a. Date of Last Report 04/02/1996	-	
				5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	to date:	
807H SOUTHWEST 87H ST Suite, Apt. #, etc.	807H SOUTHWEST 8TH ST Sulte, Apl. #, etc.		6. FEI Number		
1870	1870		65-0571886	Applied For Not Applicable	
City & State MIAMI FL	City & State MIAMI FI	MIAMI FL			
Zip Country 33/30	Zip 22/20	Zip Country 33/30		7. Certificate of Status Desired \$8.75 Additional Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee Information)	
55/30	100/50				
Name and Address of Current Registered Agent Name		Name	10. If changed, new Registere	d Agent/Office	
KAHN, S. LAWRENCE III		Street Address (P.O. Box Number Is Not Acceptable)			
MIAMI FL 33130 Suite, Agi.		80TH V	80TH SOUTHWEST 8TH STREET		
		1870			
		MIAHI		FL 33730	
10a. Pursuant to the provisions of sections 620.1051 and 6 the purpose of changing its registered office or registe I am familiar with, and accept the obligations of section	red agent, or both, In the State of Fforida.				
	BE REGISTERED AN	D ACTIVE W	TNERSHIP OR OTHE		
11. Name(s) of General Partner(s)	11a. Address of Each Genera (Do NOT Use Post Office Bo	Partner x Numbers) 11b	City, State & Zip Code	11c. Registration/ Document Number	
LOWELL HOMES, INC.	1451 SOUTH MIAMI AVEN M		AIAMI FL 33130	H13311	
RBG X CORP.	154 WEST HUBBARD STRE C		CHICAGO IL 60610	F94000001802	
			REINSTATE	1 (3/1)	
			500002 -05/08 ***10	/9701113003 41.25 ***1041.25	
Note: General partners MAY NOT	be changed on this form	ı; an amendı	ent must be filed to cha	ange a general partner.	

12. I do hereby certify that the Information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of

SIGNATURE _

ped or Printed Name of General Partner Signing For

Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620. Florida Statutes.