

FILE BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 DEC 31 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership  
**1a. DOCUMENT #  
A95000001877**  
**WILROAD ASSOCIATES LIMITED PARTNERSHIP**

Mailing Address 180 N. LASALLE ST. #3400 CHICAGO IL 60601	Principal Office Address 1801 HERMITAGE BLVD. TALLAHASSEE FL 32308
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country

3. Date Formed or Registered 12/06/1995	5a. Capital Contributions as Shown on record. \$78,497,250.00
3a. Date of Last Report 12/15/1997	5b. Amount of Capital Contributions in FLORIDA to date: \$80,104,460.00
4. State or Country of Formation FL	6. FEI Number 36-4053497 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent  
**SCHOW, HORACE II**  
1801 HERMITAGE BLVD.  
TALLAHASSEE FL 32308

10. If changed, new Registered Agent/Office  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, etc.  
City  
Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
WILROAD INC.	1801 HERMITAGE BLVD.	TALLAHASSEE FL 32308	P95000090147

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change 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 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.

SIGNATURE

Howard J. Edelman, President

12/3/98

DATE

Typed or Printed Name of General Partner Signing Form **Wilroad, Inc., general partner** Daytime Telephone Number **(312) 855-5700**