



2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

APPROVED
 AND
 FILED

04 APR 27 AM 10:04
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

| | | | | | |
|---|-----------------------|---|--|--|--|
| DOCUMENT # A95000001877 1. Entity Name WILROAD ASSOCIATES LIMITED PARTNERSHIP | | | |  | |
| Principal Place of Business 1801 HERMITAGE BLVD. TALLAHASSEE, FL 32308 | | | Mailing Address 180 N. LASALLE ST. #3400 C/O GAIL CAREY CHICAGO, IL 60601 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | 3. Mailing Address 191 N. Wacker Drive Suite, Apt. #, etc. 2500, c/o Gail Carey City & State Chicago, Illinois Zip Country 60606 USA | |  | |
| | | 4. FEI Number 36-4053497 | | Applied For <input type="checkbox"/> Not Applicable | |
| | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | 03232004 Chg-LP CR2E003 (10/03) | |
| 6. Name and Address of Current Registered Agent SCHOW, HORACE II 1801 HERMITAGE BLVD. TALLAHASSEE, FL 32308 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| I, 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. \$83,940,117.00 | | 10. Amount of Capital Contributions in FLORIDA to date. \$84,371,799 | | | |
| 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 # | P95000090147 | | STREET ADDRESS | | |
| NAME | WILROAD INC. | | CITY-ST-ZIP | | |
| STREET ADDRESS | 1801 HERMITAGE BLVD. | | | | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32308 | | | | |
| DOCUMENT # | | | STREET ADDRESS | | |
| NAME | | | CITY-ST-ZIP | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| DOCUMENT # | | | STREET ADDRESS | | |
| NAME | | | CITY-ST-ZIP | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| DOCUMENT # | | | STREET ADDRESS | | |
| NAME | | | CITY-ST-ZIP | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| DOCUMENT # | | | STREET ADDRESS | | |
| NAME | | | CITY-ST-ZIP | | |
| STREET ADDRESS | | | | | |
| 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 | | | | | |
| Wilroad, Inc. general partner SIGNATURE: <i>Anthony M. Ferrante</i> Anthony M. Ferrante, Vice President 4/7/04 (212) 855-5700 | | | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small> | | | | | |

STAPLE CHECK HERE