

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

DOCUMENT # A95000001877

1. Entity Name  
WILROAD ASSOCIATES LIMITED PARTNERSHIP



FILED

2005 APR 19 P 4:18

Principal Place of Business  
1801 HERMITAGE BLVD.  
TALLAHASSEE, FL 32308

Mailing Address  
191 N WACKER DR  
2500, C/O GAIL CAREY  
CHICAGO, IL 60606

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03292005

Chg-LP

CR2E003 (10/03)

4. FEI Number  
36-4053497

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHOW, HORACE II  
1801 HERMITAGE BLVD.  
TALLAHASSEE, FL 32308

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record. \$84,371,799.00

10. Amount of Capital Contributions  
in FLORIDA to date. \$84,836,404

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

DOCUMENT # P95000090147  
NAME WILROAD INC.  
STREET ADDRESS 1801 HERMITAGE BLVD.  
CITY-ST-ZIP TALLAHASSEE, FL 32308

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

100051214791  
04/19/05-01054-015 \*\*526.25

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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: *Anthony M. Ferrante*

Anthony M. Ferrante, Vice President

3/3/05

312-855-5700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE