

FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # A97000001225

1. Name of Limited Partnership

MIDWEST PORTAGE LIMITED PARTNERSHIP

FILED

OD NOV 13 AM ID: 58

SECTETARY OF STATE
TAILAHASSEE, FLORIDA

200003478042--7 -11/28/00--01038--807 ****650,00 *****650.00

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2. Principal Office	e Address	3. Mailing Office Address			4. Date Formed or Registered To Do Business in Florida	June	3.	1997	
91300S. Dadeland Blvd.		9130 S. Dadeland Blvd.				June			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. FEI Number		-	Applied For	
Suite 1528		Suite 1528			39-1905684 Not Applicat				
City & State		City & State			6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee require for a Certificate of Status				
Miami, Florida		Miami, Florida			7- 0 ill Contitution or shown of	n Bassedi			
Zip	Country	Zip	Country		-1.7a., Capital Contributions as shown on Record: \$5,000.00				
33156 USA		33156 USA			7b. Amount of Capital Contributions in FLORIDA to date:				
	8. Name and Address of C	urrent Registered Age	nt .		\$5,000.00				
Name					FEES				
Midwest P	ortage, Inc.			 Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for <u>each year due</u> this office. 					
	O. Box Number is Not Acceptable)								
9130 S. Dadeland Blvd.					 Supplemental Fee(s): \$88.75 for <u>each year due</u> this office, beginning with 1992 calendar year. 				
Suite, Apt. #, Etc.					3.) Penalty Fee(s): \$500 penalty fee for				
Suite 1528			State Zip Code		 Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate 				
City Miami		FL 33156			and appropriate filing fee.				
for the purpose agent. I am fam UCiRucor SIGNATURE (Registe	of changing its registered office or registere illiar with, and accept the obligations of second of the control	a agent, or both, in the Sta th 620, 199, 50 day Statute	te of Florida. Such change	was autr	inized or registered under the laws of the State horized by its general partner(s). I hereby acc	10/	2.3	/oo	
A GENER	AL PARINER IMALIS MUST E	BE REGISTER	ED AND ACTIV	E W	RTNERSHIP OR OTHER /ITH THIS OFFICE.	DOOI		JO LIVIII I	
10. Name	(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)			City, State and Zip Code	10a.	10a. Registration Document Number		
Midwest Portage, Inc.		9130 S. Dadeland Blvd. Suite 1528		M	Miami, FL 33156		P97000047141		
Keystone Portage Real Estate Development Corporation		180 N. LaSalle St. Suite 2700		Cl	Chicago, IL 60001		F97000006006		
			RE		STATEMENT	2	000	0	

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

11.	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)(i), Florida Statutes. I release the Division of
	Corporations from any flability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicates
•	colliptrations in the annual report is true and spectrate 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 on this annual report is true and spectrate 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 on this partnership.
	trustee empowered to execute this report as required by chapter 620, florida diatutes.

SIGNATURE

Kenneth B. Karl, President

Telephone Number 305÷670–1997