

2001 UNIFORM BUSINESS REPORT (UBR)

0018490 AF

DOCUMENT # B00000000065

1. Entity Name

ALLIANCE GD CC LIMITED PARTNERSHIP

FILED

01 MAR 16 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

104 WILMOT ROAD, SUITE 350
DEERFIELD IL 60015

Mailing Address

104 WILMOT ROAD, SUITE 350
DEERFIELD IL 60015

2. Principal Place of Business

221 North LaSalle Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 3700

City & State

Chicago, IL

City & State

4. FEI Number

36-4350619

Applied For

Not Applicable

Zip
60601

Country
USA

Zip

Country

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$4,500.00

10. Amount of Capital Contributions

in FLORIDA to date. \$4,500.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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 # F00000001320
NAME ALLIANCE GD CC GP, INC.
STREET ADDRESS 104 WILMOT ROAD, SUITE 350
CITY-ST-ZIP DEERFIELD IL 60015

STREET ADDRESS

221 North LaSalle Street, Suite 3700

CITY-ST-ZIP

Chicago, IL 60601

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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

ALLIANCE GD CC GP, INC., a Delaware corporation, General Partner

SIGNATURE:

BY: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Andrew W. Schor, President

02/28/01 312-332-8000

Date

Daytime Phone #

CR2E003 (11/00)