LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B00000000065

1. Entity Name

Alliance GD CC Limited Partnership

FILED

02 APR 16 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business	3. Mailing Address
221 North LaSalle Street	104 Wilmot Road
Suite, Apt. #, etc: Suite 3700	Suite, Apt. #, etc: Suite 350
City & State: Chicago, IL	City & State: Deerfield, IL
Zip: 60601 Country: USA	Zip: 60015 Country: USA

DUE BY MAY 1

4. FEI Number: 36-4350619 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

City: Plantation FL Zip Code: 33324

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 ______________________ DATE ________

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

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

DOCUMENT #	F00000001320
NAME	Alliance GD CC GP, Inc.
STREET ADDRESS	221 North LaSalle Street, Suite 3700
CITY-ST-ZIP	Chicago, IL 60601
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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STAPLE CHECK HERE

CR2E003E (12/01)

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: ______________________ 04/4/02 312-332-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

Andrew W. Schor, President