


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

DOCUMENT # B00000000065	
1. Entity Name ALLIANCE GD CC LIMITED PARTNERSHIP	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR -1 AM 10: 01



MOORE CR2E003 (11/03)

Principal Place of Business 221 NORTH LASALLE ST., STE. 3700 CHICAGO IL 60601	Mailing Address 135 REVERE DRIVE NORTHBROOK IL 60062
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2. Principal Place of Business 135 Revere Drive	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Northbrook, IL	City & State
Zip 60062	Country USA

4. FEI Number 36-4350619	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	
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7. Name and Address of New Registered Agent	
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.

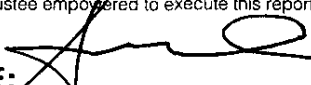
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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	STREET ADDRESS	
NAME	ALLIANCE GD CC GP, INC.	CITY-ST-ZIP	
STREET ADDRESS	221 NORTH LASALLE ST., STE. 3700		
CITY-ST-ZIP	CHICAGO IL 60601		
DOCUMENT #		STREET ADDRESS	308832748983
NAME		CITY-ST-ZIP	04/14/04--01042--024 **141.25
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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

SIGNATURE:  Andrew W. Schor, President
Alliance GD CC GP, Inc. **3-26-04** 847-562-1400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE