


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # B00000000155		
1. Entity Name MALLARD REAL ESTATE LIMITED PARTNERSHIP		

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 APR -6 AM 10:44

Principal Place of Business 222 SOUTH RIVERSIDE PLAZA, SUITE 1450 CHICAGO, IL 60606	Mailing Address 222 SOUTH RIVERSIDE PLAZA, SUITE 1450 CHICAGO, IL 60606
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02132004 Chg-LP CR2E003 (10/03)

4. FEI Number 36-4370884		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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. \$5,781,600.00	10. Amount of Capital Contributions in FLORIDA to date. <u>\$7,355,700.00</u> \$7,430,000.00
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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 # NAME STREET ADDRESS CITY-ST-ZIP	F00000002781 IVESDAIRY II CORP. 222 SOUTH RIVERSIDE PLAZA, SUITE 1450 CHICAGO, IL 60606	STREET ADDRESS CITY-ST-ZIP	 400032971534 04/16/04--01046--029 **526.00
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STAPLE CHECK HERE

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____ Daytime Phone # _____