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

## DOCUMENT # B0000000160 04 APR -9 PM 3: 49 BLACKHAWK ARMENIA L.P. SECRETARY OF STAFE FALL AHASSEE, FLORIDA cipal Place of Business 100 WORTH LASALLE STREET, SUITE 910 100 NORTH LASALLE STREET, SUITE 910 CHICAGO IL 60602 CHICAGO IL 60602 - : 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E003 (11/03) Applied For City & State City & State 4. FEI Number 36-4369506 Not Applicable Country Zip Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARC RICHMAN LEXIS DOCUMENT SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 5037 WESLEY DRIVE City 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, typed or printed name of registered agent and title if applicable 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions \$1,100.00 in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. 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 ADDRESS CHANGES ONLY DOCUMENT # F00000002803 STREET ADDRESS NAME BLACKHAWK ARMENIA, INC. 100 NORTH LASALLE STREET, SUITE 910 STREET ADDRESS 200032975512 04/16/04--01065--001 CITY-ST-ZIP CHICAGO IL 60602 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HERE DOCUMENT # STREET ADDRESS CHECK STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-20 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

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SIGNATURE: By: GARY S. RICHMAN, Pres. 4/5/04 (312) 580-9090

Date Date Dayline Phone #

By: BLACKHAWK ARMENIA, INC., Gen'l. Ptr.