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

BLACKHAWK UTA, INC., Gen'1. Ptr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE: By:

DOCUMENT # B01000000048 1. Entity Name 04 APR -9 PM 3:50 BLACKHAWK UTA, L.P. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business 🛴 👵 🐰 100 NORTH 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) City & State Applied For City & State 4. FEI Number 36-4423339 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current 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 TAMPA ig its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this statement for the purpose of changi the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE \$1,100.00 as Shown on record. in FLORIDA to date. 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 ADDRESS CHANGES ONLY F01000000767 DOCUMENT # STREET ADDRESS NAME BLACKHAWK UTA, INC. 100 NORTH LASALLE STREET, SUITE 910 STREET ADDRESS CITY-ST-ZIP CHICAGO IL 60602 CITY-ST-ZIP DOCUMENT # STREET ADDRESS 500032975585 04/16/04--01065--002 **141.25 NAME STREET ADDRESS CITY-ST-7IP CiTY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS CHECK STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT STAPLE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF 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

Daytime Phone #

Gary S. Richman, Pres. 194/5/04

APPRUVEL