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

Gen!

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE

SIGNATURE: By:

DOCUMENT # B01000000049 04 APR -9 PM 3: 48 1. Entity Name UTA ASSOCIATES, L.P. SECRETARY OF STATE TĂLLAHASSEE, FLORIDA Principal Place of Business Mailing Address 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. MOORE CR2E003 (11/03) City & State City & State Applied For 4. FEI Number 36-4423341 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARC RICHMAN LEXIS DOCUMENT SERVICES INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 5037 WESLEY DRIVE 33647 TAMPA 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 changing the obligations of registered agent. SIGNATURE 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 \$4,420,000,00 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 13. B01000000048 DOCUMENT # STREET ADDRESS BLACKHAWK UTA, L.P. NAME 100 NORTH LASALLE STREET, SUITE 910 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 60602 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT 4 STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 individed 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 BLACKHAWK UTA BLACKHAWK UTA

Gary S. Richman, Pres. 4/5/04

Date