

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**May 05, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # B01000000064**

1. Entity Name  
**ALLIANCE GJ LIMITED PARTNERSHIP**



Principal Place of Business  
**221 NORTH LASALLE ST., STE. 3700**  
**CHICAGO, IL 60601**

Mailing Address  
**135 REVERE DRIVE**  
**NORTHBROOK, IL 60062**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03102005

Chg-LP

CR2E003 (10/03)

City & State

City & State

4. FEI Number

**36-4423537**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$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

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

Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions as Shown on record. **\$1,971,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$1,971,000.00**

**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

DOCUMENT # **F01000001124**  
NAME **ALLIANCE GJ GP, INC.**  
STREET ADDRESS **221 N. LASALLE STREET, SUITE 3700**  
CITY-ST-ZIP **CHICAGO, IL 60601**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

**1100000361600**

**05/05/05-80082-013 526.25**

DOCUMENT #  
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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)(f), 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 of General Partner 4/1/05 (847)562-1400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE