

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0019926
AB

02 APR -9 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B01000000270

1. Entity Name

ALLIANCE DK LIMITED PARTNERSHIP

Principal Place of Business

104 WILMOT ROAD, SUITE 350
DEERFIELD IL 60015

Mailing Address

104 WILMOT ROAD, SUITE 350
DEERFIELD IL 60015



2. Principal Place of Business

221 North LaSalle Street

3. Mailing Address

Suite, Apt. #, etc.

Suite 3700

City & State

Chicago, Illinois

City & State

DUE BY MAY 1, 2002

4. FEI Number

36-4460173

Applied For

Not Applicable

Zip

60601

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION FL 33324

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.

SIGNATURE

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

DATE

9. Capital Contributions
as Shown on record.

\$3,660,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$3,660,000.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
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

13. ADDRESS CHANGES ONLY

DOCUMENT # F01000004176
NAME ALLIANCE DK GP, INC.
STREET ADDRESS 104 WILMOT ROAD, SUITE 350
CITY-ST-ZIP DEERFIELD IL 60015

STREET ADDRESS

CITY-ST-ZIP

800005256368--3

04/12/02 01017-023

****526.25 ****526.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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)(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

ALLIANCE DK GP, INC., a Delaware corporation, General Partner

SIGNATURE: By: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

03/21/02

312-332-8000

Date

Daytime Phone #

CR2E003 (9/01)