

**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # B01000000270

1. Entity Name
ALLIANCE DK LIMITED PARTNERSHIP



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

Mailing Address
**221 NORTH LASALLE ST., STE. 3700
CHICAGO IL 60601**

FILED
03 APR 30 AM 11:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA



2. Principal Place of Business

3. Mailing Address
135 Revere Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State
Northbrook, IL

4. FEI Number **36-4460173**

Applied For
Not Applicable

Zip

Country

Zip
60062

Country
USA

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. 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. **\$3,660,000.00**

10. Amount of Capital Contributions
in FLORIDA to date. **\$3,660,000.00**

11. **MAKE CHECK PAYABLE TO FL. 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 **135 Revere Drive**
CITY-ST-ZIP **Northbrook, IL 60062**

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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.

Andrew W. Schor, President

SIGNATURE: [Signature] SIGNATURE REQUIRED
ALLIANCE DK GP, Inc.

4/24/03

847-562-1400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)