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

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE:

## Mar 17, 2004 08:00 AM Secretary of State DOCUMENT # B01000000279 1. Entity Name SPEAR VALENCIA LIMITED PARTNERSHIP Principal Place of Business Mailing Address 201 EAST OGDEN AVE., STE 26 HINSDALE IL 60521 201 EAST OGDEN AVE., STE 26 HINSDALE IL 60521 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc CR2E003 (11/03) City & State City & State 4. FEI Number Applied For 36-4456200 Not Applica Zip Country 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 C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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 accerthe obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable 10. Amount of Capital Contributions \$150,000 9. Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STAI \$200,000.00 as Shown on record. 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 # F01000004298 STREET ADDRESS OSWEGO HOME INVESTORS, INC. NAME STREET ADDRESS 201 EAST OGDEN AVE, STE 26 CITY-ST-ZIP CITY-ST-ZIP HINSDALE IL U00000096330 03/25/04-80018-025 526.25 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS. CITY-ST-ZIP CITY - ST- ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS City-SI-7IP CITY-ST-ZIP hereby certify that the information supplied with this filled 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 physignature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes 4.20 / 2.35 – 5.00 / ... 630/325-5800

**FILED** 

3/31/04

Howard W. Edison, Vice President of General Partner