

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -1 AM 8:35

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # B01000000326

1. Entity Name
PRITZKER REALTY GROUP, L.P.



Principal Place of Business
**200 WEST MADISON STREET, 37TH FLOOR
 CHICAGO, IL 60606**

Mailing Address
**71 S WACKER DR
 SUITE 4700
 CHICAGO, IL 60606**

2. Principal Place of Business
71 South Wacker Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

47th Floor

City & State
Chicago, Illinois

City & State

Zip
60606

Country
USA

Zip

Country

04132006

Chg-LP

CR2E003 (11/05)

4. FEI Number
36-3437858

Applied For
 Not Applicable

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

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525**

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

**FILE NOW!!! FEE IS \$500.00
 After May 1, 2006, Fee will be \$900.00**

**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

13. ADDRESS CHANGES ONLY

DOCUMENT # **F02000001180**
 NAME **PRGP CORP.**
 STREET ADDRESS **200 WEST MADISON STREET / 37TH FLOOR**
 CITY - ST - ZIP **CHICAGO, IL 60606**

STREET ADDRESS **71 South Wacker Drive, 47th Floor**
 CITY - ST - ZIP **Chicago, Illinois 60606**

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**900075019289
 05/22/06--01021--013 **500.00**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

See Annex A attached hereto and made a part hereof.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE