


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # B01000000399

1. Entity Name
PRIMMS L.P.



Principal Place of Business Mailing Address
2805 BUTTERFIELD ROAD, SUITE 370 **2805 BUTTERFIELD ROAD, SUITE 370**
OAK BROOK, IL 60523 **OAK BROOK, IL 60523**

2. Principal Place of Business 3. Mailing Address

Suite, Apt #, etc Suite, Apt #, etc

City & State City & State

Zip Country Zip Country



02022004 Chg-LP CR2E003 (10/03)

4. FEI Number Applied For
36-3820920 Not Applicable

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

9. Capital Contributions as Shown on record. \$1,000.00 10. Amount of Capital Contributions in FLORIDA to date.

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 #	F01000006033	STREET ADDRESS	
NAME	THE HAVI GROUP, INC.	CITY-ST-ZIP	
STREET ADDRESS	3010 HIGHLAND, SUITE 400	STREET ADDRESS	
CITY-ST-ZIP	DOWNERS GROVE, IL 60515	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	U00000104353
NAME		CITY-ST-ZIP	04/06, 04-80006-012 141.25
STREET ADDRESS		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
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CITY-ST-ZIP		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.

SIGNATURE: _____ **3-23-04 (630)353-4223**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE