2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # B01000000416

1. Entity Name
GULF ATLANTIC PARTNERS, LTD.

Principal Place of Business	Mailing Address
40 SOUTH ADDISON ROAD, SUITE 100 ADDISON, IL 60101	40 SOUTH ADDISON ROAD, SUITE 100 ADDISON, IL 60101

01172004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business (cont.)
Suite/Apt. #
City & State
Zip

3. Mailing Address (cont.)
Suite/Apt. #
City & State
Zip

4. FEI Number
36-4445493
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
LEXIS DOCUMENT SERVICES, INC. 1201 HAYS STREET TALLAHASSEE, FL 32301	Name New 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 my position as registered agent.

SIGNATURE Kevin P. Connelly, V.P., Secretary Kevin P. Connelly, V.P., Secretary 3/26/04

9. Capital Contributions & Shares Authorized	$89,056.00	10. Amount of Capital Contributions Paid	

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 CHANGE ONLY	
Document # (if known) Name Street Address City-State-Zip	F01000005634 FORCON DEVELOPMENT CORPORATION 40 SOUTH ADDISON ROAD, SUITE 100 ADDISON, IL 60101	Type of Address Change Entity Name Current Address City-State-Zip	U00000158464 05/07/04-80023-002 526.25
Document # (if known) Name Street Address City-State-Zip		Type of Address Change Entity Name Current Address City-State-Zip	
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not include any restricted information as defined 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 true and lawful agent authorized to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: Kevin P. Connelly, V.P., Secretary Kevin P. Connelly 3/26/04 630-543-9059
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone