


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

DOCUMENT # B02000000153		
1. Entity Name CONWOOD SALES CO., L.P.		

Principal Place of Business 1209 ORANGE STREET WILMINGTON DE 19801	Mailing Address 813 RIDGE LAKE BLVD. MEMPHIS TN 38120
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY -1 AM 10:47



[Handwritten signature]

1st MOORE CR2E003 (10/05)

4. FEI Number 62-1691095		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$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	
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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.

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

**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 # NAME STREET ADDRESS CITY - ST - ZIP	M02000001180 CONWOOD LLC 200 WEST MADISON CHICAGO IL 60606	STREET ADDRESS CITY - ST - ZIP	71 South Wacker Dr, Suite 4600 Chicago, IL. 60606
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STAPLE CHECK HERE

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: *[Handwritten signature]* E. S. ROBERSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: 4/26/06 Daytime Phone #: 901.248.1754