

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


APPROVED
AND
FILED

04 APR -9 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



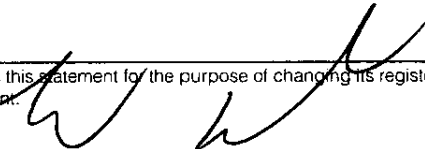
MOORE CR2E003 (11/03)

DOCUMENT # B02000000221			
1. Entity Name CCV ASSOCIATES, L.P.			
Principal Place of Business 100 NORTH LASALLE ST., STE. 910 CHICAGO IL 60602		Mailing Address 100 NORTH LASALLE ST., STE. 910 CHICAGO IL 60602	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 35-2171695	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		7. Name and Address of New Registered Agent	
LEXIS NEXIS DOCUMENT SOLUTIONS INC. 1201 HAYS STREET TALLAHASSEE FL 32301		Name MARC RICHMAN	
		Street Address (P.O. Box Number is Not Acceptable) 5037 WESLEY DRIVE	
		City TAMPA	FL Zip Code 33647

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 **4/5/04**

9. Capital Contributions as Shown on record. \$1,800,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL DEPT OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 # B02000000219	NAME BLACKHAWK CCVA, L.P.	STREET ADDRESS	
STREET ADDRESS 100 NORTH LASALLE ST., STE. 910	CITY-ST-ZIP CHICAGO IL 60602	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
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STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	

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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

By: **BLACKHAWK CCVA, L.P., Genl. Ptr.**

By: **BLACKHAWK CCV Inc., Genl. Ptr.**

SIGNATURE: By: 

Gary S. Richman, Pres. 4/5/04 (312) 580-9090

SIGNATURE AND ZIP OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE