


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

**FILED**  
**Apr 01, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # B02000000251</b> <small>1. Entity Name</small> <b>ALLIANCE BP LIMITED PARTNERSHIP</b>	
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<b>Principal Place of Business</b> 135 REVERE DRIVE NORTHBROOK IL 60062	<b>Mailing Address</b> 135 REVERE DRIVE NORTHBROOK IL 60062
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
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Suite, Apt. #, etc	Suite, Apt. #, etc
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City & State	City & State
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Zip	Country	Zip	Country
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MOORE CR2E003 (11/03)

<b>6. Name and Address of Current Registered Agent</b>
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<b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>
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<b>7. Name and Address of New Registered Agent</b>
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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.

<b>SIGNATURE</b> <small>Signature, typed or printed name of registered agent and title if applicable</small>	<b>DATE</b>
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<b>9. Capital Contributions</b> as Shown on record. <b>\$1,402,754.00</b>	<b>10. Amount of Capital Contributions</b> in FLORIDA to date. <b>\$1,402,754.00</b>	<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE</b> <b>SEE REVERSE SIDE FOR FEE INFORMATION</b>
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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.**

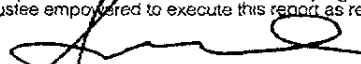
<b>12. GENERAL PARTNER INFORMATION</b>	<b>13. ADDRESS CHANGES ONLY</b>
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<b>DOCUMENT #</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>F02000003638</b> <b>ALLIANCE BP GP, INC.</b> <b>135 REVERE DRIVE</b> <b>NORTHBROOK IL 60062</b>	<b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
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04/06/04-80020-018 526.25

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

<b>SIGNATURE:</b>  <b>Andrew W. Schor, President</b> <b>Alliance BP GP, Inc.</b>	<b>3-26-04</b> <b>847-562-1400</b>
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