

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**May 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # B02000000436</b>					
<b>1. Entity Name</b> THE RICHARD AND JUDITH NELSON FAMILY LIMITED PARTNERSHIP					
<b>Principal Place of Business</b> 6111 OSAGE DOWNERS GROVE, IL 60516			<b>Mailing Address</b> 6111 OSAGE DOWNERS GROVE, IL 60516		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 38-3666035	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  NELSON, RICHARD CARL JR 4245 BOSWELL PLACE SARASOTA, FL 34241				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City	
<b>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>				FL Zip Code	
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>9. Capital Contributions</b> as Shown on record, \$266,560.00		<b>10. Amount of Capital Contributions</b> in FLORIDA to date.		526.25	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
<b>DOCUMENT #</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	NELSON, RICHARD C 6111 OSAGE DOWNERS GROVE, IL 60516		<b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	05/11/05-80007-005 526.25	
<b>DOCUMENT #</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	NELSON, JUDITH A 6111 OSAGE DOWNERS GROVE, IL 60516		<b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		
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<b>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.</b>					
<b>SIGNATURE:</b> <u>Richard C. Nelson</u> <u>Richard C. Nelson</u> <u>4-29-05</u> <u>630-964-1488</u>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE