

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 8, 2004**

FILED

04 MAY 18 PM 1:34

SUPREMACY OF STATE  
TALLAHASSEE FLORIDA

WJH

DOCUMENT # B03000000137

1. Entity Name

CAPITOL CONSTRUCTION SERVICES L.P.



Principal Place of Business

220 NORTH SMITH, STE. 202  
PALATINE, IL 60069

Mailing Address

ONE GRAYCOR DR.  
HOMEWOOD, IL 60430

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03062003

Chg-LP

CR2E003 (10/03)

4. FEI Number

33-1002502

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$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

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record. \$50,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$ 838.75

**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

DOCUMENT # F03000001646  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CAPCON GP CORP.  
ONE GRAYCOR DRIVE  
HOMEWOOD, IL 60430

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

200037856882  
06/10/04-01090-005 \*\*838.75

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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.

SIGNATURE: *John Dursch* JOHN DURSCH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

5/12/04

Date

708/206-0500

Daytime Phone #

STAPLE CHECK HERE