2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)

, <u>~</u>		DOFRAI	MAY	1, 2004			,	_	# 5	Ga.	
DOCUMENT # B0300000370  1. Entity Name								F SECRETA AGIOH OF	TEED RY OF S CORPOR	TATE ATIONS	
ALLIAN	CE HC I LIN	IITED PARTNER	SHIP				ŀ	04 APR -			
Principal Pl	ace of Business	·	Mai	iling Address		,					
1209 ORANGE STREET 135 REVERE DRIVE WILMINGTON DE 19801 NORTHBROOK IL 60											
2. Principa	2. Principal Place of Business			3. Mailing Address							
Suite, A	Suite, Apt. #, etc.			Suite, Apt. #, etc.			1	MOORE	CR2E00	3 (11/03)	
City & S	City & State			City & State			4. FEI Number 35-22177			Applie Not Ap	d For oplicable
Zip	Zip Country		Zip C		Count	ry	5. Certificate of Status Desired   \$8.75 Additional Fee Required			nal	
	6. Name	and Address of Curre		7. Name and Address of New Registered Agent							
					, }	Name		•			
12		ATION SYSTEM PINE ISLAND RO FL 33324	DAD			Street Address	(P.O. Box Number	is Not Accept	able)		
					ļ	City	<u>-</u> -		F	Zip Code	
	ove named entity gations of registe	submits this statement ared agent.	for the pu	urpose of changing its	registere	d office or registe	red agent, or both	, in the State o			accept
SIGNATUR	Signature, typed o	x printed name of registered age	ent and title if	applicable.		<u>,                                      </u>	····		DATE		
	9. Capital Contributions as Shown on record. \$4,011,000.00 10. Amount of Capital Contributions in FLORIDA to date. \$4,011,000.00									LE TO FL. DEPT. OF OR FEE INFORMAT	
1	A G	ENERAL PARTNER General Partners N	THAT I	S A BUSINESS EN	NTITY MI	UST BE REGIS	TERED AND A	CTIVE WITH	THIS OFFI	CE.	
12.		GENERAL PARTN			13.	, an amendine	in mast be med		CHANGES C		
DOCUMENT #	——————————————————————————————————————					T 4000500					
NAME	1	HC GP I, INC.	SIRE	ET ADDRESS							
STREET ADDRES	·   · · · · · · · · · · · · · · · · · ·					ST-ZIP			,		
DOCUMENT #					STREE	ET ADDRESS	000	a		The state	
STREET ADDRES	ss				CITY-	ST-ZIP	<b>800</b> 04/16/04	<u>01038</u> -	-010	*526.25	
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CITY-ST-ZIP			<u> </u>		i	ST-ZIP					
14. I hereb indicat the rec	by certify that the ted on this repor ceiver or trustee	information supplied w is true and accurate a empowered to execute	vith this fili nd that my mis repo	ing does not qualify fo y signature shall have t as required by Char	or the exer the same oter 620, f	mption stated in S legal effect as if i Florida Statutes	ection 119.07(3)(i) made under oath;	, Florida Statu that I am a Ge	tes. I further o neral Partner	ertify that the inform of the limited partn	nation ership or
		*		=		r. President	_				
SIGNA	ATURE:X	SIGNATURE AND TYPED	OR PRINTED	Alliance			3-0	26-05 Date	¥ 84	7-562-1400 Daytime Phone #	
						<del></del>			<del></del>		