


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # B03000000370</b><br>1. Entity Name<br><b>ALLIANCE HC I LIMITED PARTNERSHIP</b> |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>1209 ORANGE STREET<br/>WILMINGTON, DE 19801</b> | Mailing Address<br><b>135 REVERE DRIVE<br/>NORTHBROOK, IL 60062</b> |
|---|---|



**DO NOT WRITE IN THIS SPACE**

03222006 No Chg-LP

CR2E003 (11/05)

4. FEI Number  
**35-2217721**

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**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**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 #      | <b>F03000005442</b>           |
| NAME            | <b>ALLIANCE HC GP I, INC.</b> |
| STREET ADDRESS  | <b>135 REVERE DRIVE</b>       |
| CITY - ST - ZIP | <b>NORTHBROOK, IL 60062</b>   |
| DOCUMENT #      |                               |
| NAME            |                               |
| STREET ADDRESS  |                               |
| CITY - ST - ZIP |                               |
| DOCUMENT #      |                               |
| NAME            |                               |
| STREET ADDRESS  |                               |
| CITY - ST - ZIP |                               |
| DOCUMENT #      |                               |
| NAME            |                               |
| STREET ADDRESS  |                               |
| CITY - ST - ZIP |                               |
| DOCUMENT #      |                               |
| NAME            |                               |
| STREET ADDRESS  |                               |
| CITY - ST - ZIP |                               |

**U00000538771**  
**05/09/06-80074-014 500.00**

**DO NOT WRITE  
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** \_\_\_\_\_

**Andrew W. Schor, President of**

**Alliance HC GP I, Inc., General Partner**

**4/1/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE