


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

<b>DOCUMENT # B05000000548</b> 1. Entity Name ALLIANCE PP2 FX2 LIMITED PARTNERSHIP	
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Principal Place of Business 135 REVERE DRIVE NORTHBROOK, IL 60062	Mailing Address 135 REVERE DRIVE NORTHBROOK, IL 60062
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2. Principal Place of Business 2 HARRISON STREET Suite, Apt. #, etc. 6TH FLOOR City & State SAN FRANCISCO, CA Zip 94105 Country USA	3. Mailing Address 2 HARRISON STREET Suite, Apt. #, etc. 6TH FLOOR City & State SAN FRANCISCO, CA Zip 94105 Country USA
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03302006 Chg-LP CR2E003 (11/05)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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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
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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 _____	DATE _____
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**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	13. ADDRESS CHANGES ONLY
DOCUMENT # M05000007123 NAME ALLIANCE PP2 FX2 GP, L.L.C. STREET ADDRESS 135 REVERE DRIVE CITY-ST-ZIP NORTHBROOK, IL 60062	STREET ADDRESS 2 HARRISON STREET, 6TH FLOOR CITY-ST-ZIP SAN FRANCISCO, CA 94105
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100074675081  
 05/16/06--01042--010 \*\*500.00

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: <i>Dyann Blaine</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Dyann Blaine Vice President	4/26/06 Date	415 5121515 Daytime Phone #
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**FILED**  
 06 MAY -1 PM 1:30  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA



STAPLE CHECK HERE