

FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Motham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 APR -1 PM 12:47

1. Name of Limited Partnership

1a. DOCUMENT #
B94000000205

TRS SAN REMO LIMITED PARTNERSHIP



Mailing Address

Principal Office Address

1201 NORTH CLARK STREET, SUITE 300
CHICAGO IL 60610

1201 NORTH CLARK STREET, SUITE 300
CHICAGO IL 60610

3. Date Formed or Registered

06/03/1994

5a. Capital Contributions as
Shown on record.

\$1,000.00

3a. Date of Last Report

12/03/1996

5b. Amount of Capital
Contributions in FLORIDA
to date:

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. State or Country of Formation

IL

6. FEI Number

36-3960784

☐ Applied For
☒ Not Applicable

7. Certificate of Status Desired



\$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/
Document Number

TR SAN REMO PARTNERS CORP.

1201 NORTH CLARK STRE

CHICAGO IL 60610

F94000002073

400002476224--3
-04/02/98--01013--002
****141.25 ****141.25

dec

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE 2/6/98

TR San Remo Partners Corp. its general partner (312)335-2600

CR2E003 (12/97)



**THE UNITED STATES
CORPORATION
COMPANY**

ACCOUNT NO. : 072100000032

REFERENCE : 763844 4304492

AUTHORIZATION :

COST LIMIT : \$PPD

ORDER DATE : March 31, 1998

ORDER TIME : 9:49 AM

ORDER NO. : 763844-005

CUSTOMER NO: 4304492

CUSTOMER: Ms. Laura Colton Tepper
RUDNICK & WOLFE LAW OFFICES

Suite 1800
203 North Lasalle Street
Chicago, IL 60601

DOMESTIC FILING

NAME: TRS SAN REMO LIMITED
PARTNERSHIP

EFFECTIVE DATE:

XX ANNUAL REPORT FILING

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Andrew Cumper

EXAMINER'S INITIALS:

58 APR -1
DIVISION OF CORPORATION
AMID: 44