FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998

AYLESFORD LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # B94000000221

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AYLESFORD LIMITED F	PARTNERS	SHIP QE	: bon	A semble (file ribus dila) ment	92147 98771 89774 88717 98719 11878 11881 1188 188	
Malling Address Principal Office Address 200 WEST MADISON. 38TH FLOOR CHICAGO IL 60606 PALM HARBOR FL 34685			3. Date Formed or Registered 06/13/1994 3a. Date of Last Report	5a. Capital Contributions as Shown on record. \$3,006,916.00		
Mailing Address 2a. Principal Office Address			12/18/1996 4. State or Country of Formation DE	5b. Amount of Capital Contributions in FLORIDA to date:		
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc. City & State		6. FEI Number 36-3945448	Applied For Not Applicable	
Zip Country		Zip Country		7. Certificate of Status Dosired	\$8.75 Additional Fee Required	
				8. Make check payable to: Dept. c	f State (See reverse side for fee informatio	
1201 HAYES STREET, SUITE 105				10. If changed, new Registered Agent/Office		
			Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc.			
			City		FL Zip Code	
for the purpose of changing its regi agent. I am familiar with, and accep	stered office or regis It the obligations of a	stered agent, or both, in the State of F		ership organized or registered under the laws of nge was authorized by its general partner(s). I he	reby accept the appointment of registered	
SIGNATURE (Registered Agent Accepting A A GENERAL PARTNE	R THAT IS	A CORPORATION,	LIMITED	PARTNERSHIP OR OTHE		
	MUSIE			VE WITH THIS OFFICE.	Registration/	
11. Name(s) of General Partner(s)		Address of Each Gene (Do NOT Use Post Office	Box Numbers)	11b. City, State & Zip Code	11c. Document Number	
LANSBROOK DEVELOPMENT CORPOR 4605 VILLAGE CENT			D	PALM HARBOR FL 34685	384080	
				400002 -10/3 ****)	

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

I do hereby certify that the information supplied with this fiting 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 eath. I further certify that I am a General Partner of the limited partnership, receiver or trusted empowered to execute this by chapter 620, Fig.

SIGNATURE

Typed or Printed Name of General Partner Signing Form

Glen Miller, Vice President

(312) 750-8400