

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

FILED

2004 APR 23 PM 3:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # B95000000479



1. Entity Name

CHARLESTON PLACE ASSOCIATES OF ILLINOIS,  
LIMITED PARTNERSHIP

Principal Place of Business

345 CANAL STREET, SUITE 201  
CHICAGO IL 60606

Mailing Address

345 CANAL STREET, SUITE 201  
CHICAGO IL 60606

2. Principal Place of Business

345 N. Canal Street

3. Mailing Address

345 N. Canal Street

Suite, Apt. #, etc.

201

Suite, Apt. #, etc.

201

City & State

Chicago, IL

City & State

Chicago, IL

Zip

60606

Country

U.S.A.

Zip

60606

Country

U.S.A.



MOORE

CR2E003 (11/03)

4. FEI Number

36-4053480

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

9. Capital Contributions  
as Shown on record.

\$8,723,418.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**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 # M00000001815  
NAME CP ASSOCIATES, L.L.C.  
STREET ADDRESS 345 CANAL STREET, SUITE 201  
CITY-ST-ZIP CHICAGO IL 60606

STREET ADDRESS  
CITY-ST-ZIP 300035797183  
05/10/04--01031--019 \*\*437.50

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP 300035797183  
05/10/04--01031--020 \*\*88.75

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STREET ADDRESS  
CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Robert Mayer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Robert Mayer, Ex. V.P. -  
Finance of  
Sole member of GP

3/10/04

Date

(312)454-1626 x104

Daytime Phone #