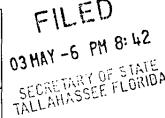
B95000000479 **DOCUMENT #**

1. Entity Name CHARLESTON PLACE ASSOCIATES OF ILLINOIS, LIMITED , PARTNERSHIP



Mailing Address



Principal Place of Business 345 CANAL STREET. SUITE 201 CHICAGO IL 60606				iling Address CANAL STREET, SUIT CAGO IL 60606	TE 201						
2. Principal Place of Business				failing Address							
Suite, Apt. #, etc.				uite, Apt. #, etc.							
							DUE BY MAY 1, 2003				
City & State			C	City & State			4. FEI Number	36-4053480		Applied For Not Applicable	
Zip . Country			Z	ip	Count	try	5. Certificate o	5. Certificate of Status Desired \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name					
CORPORATION SERVICE COMPANY							ess (P.O. Box Number	is Not Acceptable)			
1201 HAYS STREET TALLAHASSEE FL 32301-2525											
						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.											
9. Capital Contributions as Shown on record. \$8,723,418.00 10. Amount of Capital Contributions in FLORIDA to date.						outions				FL. DEPT. OF STATE EE 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 PARTN			13.	, an amonan	none made do mod	ADDRESS CHAN			
DOCUMENT #	M0000000	1815 CIATES, L.L.C.	-		STREE	ET ADDRESS				- 	
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STREET ADDRESS City-St-Zip					CITY-	ST-ZIP					
DOCUMENT #					STREE	ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP					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: 4

SIMPLE CHECK HENE

(3/12) 454-1626 Daytime Phone #