2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

FILED Apr 19, 2004 08:00 AM

Pincipal Place of Guideness AAO'S AREL STREET CHAMPAIGN, IL 61820 2. Principal Place of 10 sumsos 3. Mailing Address Sude, Apr 8, etc. Sude, Apr 8, etc. Sude, Apr 8, etc. Champaign, IL 61820 2. Principal Place of 10 sumsos 3. Mailing Address Sude, Apr 8, etc. Champaign, IL 61820 2. Principal Place of 10 sumsos 3. Mailing Address Sude, Apr 8, etc. Sude, Apr 8, etc. Champaign, IL 61820 2. Principal Place of 10 sumsos 3. Mailing Address Sude, Apr 8, etc. Sude, Apr 8, etc. Champaign, IL 61820 Country Zp Country Zp Country Zp Country Zp Country Sp. Tables and Address of Current Registered Agent To Concentration Northern To Country Steed Address (P.O. Box Humbor is Not Acceptable) PLANTATION, FL 33324 Select Address (P.O. Box Humbor is Not Acceptable) Select Address (P.O. Box Humbor is Not Acceptable) PLANTATION, FL 33324 Select Address (P.O. Box Humbor is Not Acceptable) Select Address (P.O. Box Humbor is Not Acceptable) PLANTATION, FL 33324 Select Address (P.O. Box Humbor is Not Acceptable) PLANTATION, FL 33324 Select Address (P.O. Box Humbor is Not Acceptable) Select Address (P.O. Box Humbor is Not Acceptable) PLANTATION, FL 33324 Select Address (P.O. Box Humbor is Not Acceptable) Select Address (P.O. Box Humbor is Not Acceptable) PLANTATION, FL 33324 Select Address (P.O. Box Humbor is Not Acceptable) PLANTATION, FL 33324 Select Address (P.O. Box Humbor is Not Acceptable) PLANTATION, FL 34324 Select Address (P.O. Box Humbor is Not Acceptable) PLANTATION, FL 34324 Select Address (P.O. Box Humbor is Not Acceptable) PLANTATION, FL 3444 Select Address (P.O. Box Humbor is Not Acceptable) PLANTATION, FL 3444 Select Address (P.O. Box Humbor is Not Acceptable) PLANTATION, FL 3444 Select Address (P.O. Box Humbor is Not Acceptable) PLANTATION, FL 3444 Select Address (P.O. Box Humbor is Not Acceptable) PLANTATION, FL 3444 Select Address (P.O. Box Humbor is Not Acceptable) PLANTATION, FL 3444 Select Address (P.O. Box Humbor is Not Acceptable) PLANTATION, FL 3444	DOCUMENT # B9600000182 1. Entity Name PREMIERE PARTNERS III LIMITED PARTNERSHIP						Secre	etary of State	
Suite, April #, etc. Suite, April #, etc. Suite, April #, etc. 93042004 Chg-LP CR2E003 (10/03) Chry & State 4. FEI Number Appendix For 36-6945944 Index April 2016	2407 S. NEIL STREET 2407 S. NEIL STREET						w)) = W))		
City & State Country City & City & City & Country City & C	Principal Place of Business 3. Mailing Address				· · · · · · · · · · · · · · · · · · ·				
Typ Country Zp Country 5: Confidence of Status Desired Constitution Status Desired Address of New Registered Agent To Constitution Status Desired Address of New Registered Agent To Constitution Status Desired Desired Status Desired Desired Status Desired Desired Status Desired Desi	Suite, Apt.	#, etc.	Suite, Apt #, etc.	Suite, Apt #, etc.		03042004	Chg-LP	CR2E003 (10/03)	
S. Contracts of Status Details Fee Required Fee Required Fee Required Fee Required Fee Required T. Name and Address of New Registered Agent T. Name and Address T. Nam	City & Stat	e	City & State	City & State		}	944	} }	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent. SIGNATURE 19. Capital Contributions 19. Capital Contributions 19. Capital Contributions 19. Capital Contributions 19. Sport on one and registered agent and file 4 systems 19. Capital Contributions 19. Sport on one and registered agent. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. 12. GENERAL PARTNER HAT 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 HAT 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 HAT 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 HAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: GENERAL PARTNER HAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: GENERAL PARTNER HAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 10. DODOES STATE ADDRESS ONLY 10. DODOES STATE ADDRESS ONLY 10. STREET ADDRESS ONLY 1	Zip	Country Z _i p		Country				Fee Required	
Street Address (P.O. Sov Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Fortida. I am familiar with, and accept the obligations or registered agent. SIGNATURE 9. Capital Contributions Spring of the Spring of Spr		6. Name and Address of Cur							
City FL Zip Code 6. The above named antity submist this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am hamiliar with, and accept me obligations or registered agent, or both, in the State of Florida. I am hamiliar with, and accept me office of productions or registered agent, or both, in the State of Florida. I am hamiliar with, and accept me of the obligations or registered agent, or both, in the State of Florida. I am hamiliar with, and accept me of the obligations or registered agent, or both, in the State of Florida. I am hamiliar with, and accept me of the obligations or registered agent, or both, in the State of Florida. I am hamiliar with, and accept me obligations or registered agent, or both, in the State of Florida. I am hamiliar with, and accept me obligations or registered agent, or both, in the State of Florida. I am hamiliar with, and accept me obligations or registered agent, or both, in the State of Florida. I am hamiliar with, and accept me obligations or registered agent, or both, in the State of Florida. I am hamiliar with, and accept me obligations or registered agent, or both, in the State of Florida. I am hamiliar with, and accept me obligations or registered agent, or both, in the State of Florida. 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 filled to change a general partner. STREET ADDRESS OFFICE ADDRESS	1200 SOUTH PINE ISLAND ROAD				Street Address (P.O. Box Number is Not Acceptable)				
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Proride. I am familiar with, and accept the obligations or registered agent. SIGNATURE 10. Capital Contributions 55,000,000.00 10. Amount of Capital Contributions 10. Amo	PERMITATION, PE 30024				City		· · · · · · · · · · · · · · · · · · ·	= ■ Zip Code	
SIGNATURE Summare, typed or primed rapres of engineers agent and file if expiritable 9. Caphal Contributions as Shown on record. 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. STREEL ADDRESS WESTCHESTER GROUP, INC. 4007 S. NEIL STREET CHAMPAIGN, IL 61820 CITY-ST-2P CHAMPAIGN, IL 61820 CITY-ST-2P COUGANT I MAKE COZZAD ASSET MANAGEMENT, INC. STREEL ADDRESS CITY-ST-2P COUGANT I MAKE CITY-ST-2P COUNCIT I MAKE CITY-ST-2P COTY-ST-2P COUNCIT I MAKE CITY-ST-2P COUNCIT I MAKE CITY-ST-2P COTY-ST-2P COTY-ST-2							, in the State of F	FL	
Sometime function or method correct despitations agent and for applicable. 9. Capital Contributions as Shown on record. S55,000,000.00 10. Amount of Capital Contributions in FLORIDA to date. S55,000,000 A GENERAL PARTINER THAT IS A BUSINESS ENTITY MUST BE REGISTREED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner. 12. GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTREED AND ACTIVE WITH THIS OFFICE. 13. ADDRESS CHANGES ONLY. DOCUMENT / MS 3776 WESTO-HESTER GROUP, INC. STREET ADDRESS ONLY. 14. STREET ADDRESS ONLY. DOCUMENT / MS 2407 S. NEIL STREET CHAMPAIGN, IL 61820 CITY-S1-2P COLORDOT / P1709B COLORDOT / P1709B									
A GENERAL PARTINER 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 filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY. DOCUMENT / WESTCHESTER GROUP, INC. STREET ADDRESS ONLY. CHAMPAIGN, IL 61820 CH	Signature, typed or printed name of registered agent and fille of applicable DATE								
12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY. DOCUMENT / MAX WE STCHESTER GROUP, INC. STREET ADDRESS CHANGES CHANGES ONLY. STREET ADDRESS CHANGES CHANGES ONLY. OUTY-ST-2P U00000133585 CHY-ST-2P U0000085 CHY-ST-2P U00000133585 CHY-ST-2P U00000133585 CHY-ST-2P U00000133585 CHY-ST-2P U0000085 CHY-ST-2P U0000085 CHY-ST-2P U000085 CHY-ST-	as Shown on record. \$55,000,000.00 in FLORIDA to date. \$3,000,000								
DOCUMENT / MAME WEST CHESTER GROUP, INC. STREET ADDRESS CITY-ST-ZP CHAMPAIGN, IL 61820 CITY-ST-ZP U00000133565 DOCUMENT / CAZA ASSET MANAGEMENT, INC. STREET ADDRESS CITY-ST-ZP CHAMPAIGN, IL 61821 CITY-ST-ZP U00000133565 COZAD ASSET MANAGEMENT, INC. STREET ADDRESS CITY-ST-ZP CHAMPAIGN, IL 61821 CITY-ST-ZP COCUMENT / MAME STREET ADDRESS CITY-ST-ZP COCUMENT / NAME STREET ADDRESS CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP STREET ADDRESS CITY-S	NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.								
MAKE WESTCHESTER GROUP, INC. STREET ADDRESS CITY-ST-ZIP CHAMPAIGN, IL 61820 DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP CHAMPAIGN, IL 61820 DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP CHAMPAIGN, IL 61821 DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP COCUMENT / NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COCUMENT / NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COCUMENT / NAME STREET ADDRESS CITY-ST-ZIP COCUMENT /	}			. · · · · · · · · · · · · · · · · · · ·	ADDRESS C	HANGES ONLY			
CITY-ST-ZP CHAMPAIGN, IL 61820 CITY-ST-ZP COZAD ASSET MANAGEMENT, INC. STREET ADDRESS CITY-ST-ZP CHAMPAIGN, IL 61821 CITY-ST-ZP CHAMPAIGN, IL 61821 CITY-ST-ZP COCUMENT / NAME STREET ADDRESS CITY-ST-ZP COTY-ST-ZP COCUMENT / NAME STREET ADDRESS CITY-ST-ZP COTY-ST-ZP COTY-ST-ZP CITY-ST-ZP COTY-ST-ZP CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP STREET ADDRESS CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP STREET ADDRESS CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP STREET ADDRESS CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP STREET ADDRESS CITY-ST-ZP CITY-	NAME	WESTCHESTER GROUP, INC.			EET ADDRESS				
NAME STREET ADDRESS CTY-ST-2P CHAMPAIGN, 3L 61821 CTY-ST-2P CHAMPAIGN, 3L 61821 CTY-ST-2P 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 employer of to execute this report as required by Chepton 620, Florida Statutes **Theat*** T.**** **Teacha.*** **Sectaon*** **SECCTAC*** **Teacha.*** **Seccotacha.** **SECCTAC*** **Teacha.*** **Teacha.*** **SECCTAC** **Teacha.*** **Teacha.** **Teacha.*** **Teacha.**	t .	1			Y-ST-ZIP	U00000133565			
STREET ADDRESS CITY-ST-ZP CHAMPAIGN, 1L 61821 CCTY-ST-ZP CHAMPAIGN, 1L 61821 SIREET ADDRESS CITY-ST-ZP DOCUMENT / NAME SIREET ADDRESS CITY-ST-ZP DOCUMENT / NAME SIREET ADDRESS CITY-ST-ZP CCTY-ST-ZP CCTY-S	1	1			EET ADORESS	U4/27/U4-80U34-0U2 525.25			
NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP COTY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP COTY-ST-ZIP COTY-ST-ZIP COTY-ST-ZIP COTY-ST-ZIP COTY-ST-ZIP COTY-ST-ZIP COUNTERT / NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP A. I hereby certify that the information supplied with this filing does not qualify for the extemption stated in Section 119.07(3)(6), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signeture 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 **Turet T. **Teacha.** **Exercises** **Turet T. **Teacha.** **Turet T. **Turet	STREET ADDRESS	2501 GALEN DRIVE			(+S1-ZIP				
STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME 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 empoyered to execute this report as required by Chapter 620, Florida Statutes **THERT T. **Recham** **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 report as required by Chapter 620, Florida Statutes **THERT T. **Recham*** **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)(ii), 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 empoyed to execute this report as required by Chapter 620, Florida Statutes	}			SIR	EET ADDRESS				
NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME 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 THEST T. MERCHAM, Secretary,	STREET ADDRESS			១រព -	(-St-ZIP				
CRY-SI-ZIP DOCUMENT / NAME STREET ADDRESS CRY-SI-ZIP DOCUMENT / NAME STREET ADDRESS CRY-SI-ZIP DOCUMENT / NAME STREET ADDRESS CRY-SI-ZIP CRY-SI-ZIP DOCUMENT / NAME STREET ADDRESS CRY-SI-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 **Total T. **Recham** Secretary**				STR	EFT ADDRESS				
STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME 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 **Total Address: **Secretary** **Total Address: **Secret	}			сят	r-Si-ZIP				
STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME 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)(6). 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 **Total Partner** **Total Partner	i			SIR	EFT ADDRESS				
NAME 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 **Theory T. **Recham** **Secretary** **Theory T. **Recham** **Secretary** **Theory T. **Recham** **Theory T. **Rech	STREET ADDRESS	_		en	r-ST-ZIP				
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 **Theory T. **Recham** **Secretary** **Theory T. **Recham** **Secretary** **Theory T. **Recham**	1			STR	EET ADDRESS				
Strart T. Meacham, Secretary,	STREET ADDRESS CITY-ST-ZIP		, F77	<u>. </u>	<u></u>		· · · · · · · · · · · · · · · · · · ·		
	14. I hereby of indicated the receiv	certify that the information supplied on this report is true and accurate wer or trustee empowered to execu-					Florida Statutes that I am a Gene	. I further certify that the information ral Partner of the limited partnership or	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daysons Phone #	SIGNAT		Cozed	Asset	Mant. Inc.	G.P.			