

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 JAN 21 PM 1:41**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra Northam
REGISTRAR

B9700000007

1. Name of Limited Partnership
Great Dane Limited Partnership No. 2

1a. DOCUMENT #
B97000000007

2. Mailing Address
**222 N. LaSalle Street
Suite 1000
Chicago, IL
60601 U.S.A.**

2a. Principal Office Address
**222 N. LaSalle Street
Suite 1000
Chicago, IL
60601 U.S.A.**

3. Date Formed or Registered
12/31/96

3a. Date of Last Report
N/A

4. State or Country of Formation
Delaware

5a. Capital Contributions as Shown on record
\$10,431,000.00

5b. Amount of Capital Contributions in FLORIDA to date:
\$10,431,000.00

6. FEI Number
36-4120610

7. Certificate of Status Desired
 Applied For
 Not Applicable

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

8.75 Additional Fee Required

BK 1/21/97

9. Name and Address of Current Registered Agent
**C T Corporation System
c/o C T Corporation System
1200 Pine Island Boulevard
Plantation, FL 33324**

10. If changed, new Registered Agent/Office

Name
369002066999

Street Address (P.O. Box Number is NOT permitted)
-01/24/97--01011-010

Suite, Apt. #, etc.
******576.25 ****576.25**

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 |
|-----------------------------------|---|-----------------------------|------------------------------------|
| Dane Acquisition Corp. | 222 N. LaSalle St., Suite 1000 | Chicago, IL 60601 | F96-6752 |

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 By: **Dane Acquisition Corp.**
David M. Rubin DATE **1/17/97**

Typed or Printed Name of General Partner Signing Form **David M. Rubin, Vice President** Daytime Telephone Number **(312) 236-3003**

CR2E003 (6/96)