

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 98 DEC 30 PM 3: 37

1. Name of Limited Partnership	1a. DOCUMENT # B97000000066
DORAL INVESTMENTS LIMITED PARTNERSHIP	



Mailing Address 200 WEST MADISON STREET, SUITE 3000 CHICAGO IL 60606	Principal Office Address 200 WEST MADISON STREET, SUITE 3000 CHICAGO IL 60606
2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc. Suite 3700	Suite, Apt. #, etc. Suite 3700
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered 02/04/1997	5a. Capital Contributions as Shown on record. \$1,980,000.00
3a. Date of Last Report 09/30/1997	5b. Amount of Capital Contributions in FLORIDA to date: \$ 1,353,000 -
4. State or Country of Formation DE	
6. FEI Number 36-4119701 APPLIED FOR	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. Certificate of Status Desired	\$8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE FL 32301

10. If changed, new Registered Agent/Office
Name N/A
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, etc.
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
DORAL GP CORP.	200 WEST MADISON STRE	CHICAGO IL 60606	F97000000479

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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.

By: Doral GP Corp
 SIGNATURE John Kevin Poorman DATE _____
 TYPED OR PRINTED NAME OF GENERAL PARTNER SIGNING FORM JOHN KEVIN POORMAN DAYTIME TELEPHONE NUMBER (312) 920-2450

CR2E003 (8/98)