


**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**

DOCUMENT # B97000000066 1. Entity Name DORAL INVESTMENTS LIMITED PARTNERSHIP	
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Principal Place of Business 200 WEST MADISON STREET CHICAGO, IL 60606	Mailing Address 200 WEST MADISON STREET CHICAGO, IL 60606
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED

2004 MAY -4 P 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04152004 Chg-LP CR2E003 (10/03)

4. FEI Number 36-4119701	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE, FL 32301	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.


9. Capital Contributions as Shown on record. \$4,781,478.00	10. Amount of Capital Contributions in FLORIDA to date. \$4,867,843.00
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**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 #	F97000000479	STREET ADDRESS	
NAME	DORAL GP CORP.	CITY-ST-ZIP	
STREET ADDRESS	200 WEST MADISON STREET, SUITE 3700		
CITY-ST-ZIP	CHICAGO, IL 60606		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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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

By: Doral GP Corp., a Delaware corporation, general partner

SIGNATURE:  **April 23, 2004**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

John Kevin Poorman, Vice President

STAPLE CHECK HERE