

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 22 PM 4: 22

1. Name of Limited Partnership	1a. DOCUMENT # B97000000508
PORTERFIELD FAMILY LIMITED PARTNERSHIP	



Mailing Address 1010 JORIE BLVD., SUITE 124 OAK BROOK IL 60523	Principal Office Address 1010 JORIE BLVD., SUITE 124 OAK BROOK IL 60523	3. Date Formed or Registered 09/29/1997	5a. Capital Contributions as Shown on record. \$950.00
2. Mailing Address 1010 Jorie Blvd. #124	2a. Principal Office Address 1010 Jorie Blvd. #124	3a. Date of Last Report 02/23/1998	5b. Amount of Capital Contributions in FLORIDA to date: \$950.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation IL	
City & State Oak Brook, Illinois	City & State Oak Brook, Illinois	6. FEI Number 36-4175386	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 60523	Country	7. Certificate of Status Desired <input type="checkbox"/> \$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 WINER, STEVEN I 12800 UNIVERSITY DRIVE, SUITE 600 FORT MYERS FL 33907	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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
PORTERFIELD, HANK A	509 WOOD ROAD	OAK BROOK IL 60521	200002747562--1 -01/20/99-01043-006 ****141.25 ****141.25

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

DATE December 11, 1998

Typed or Printed Name of General Partner Signing Form

Henry A. Porterfield

Daytime Telephone Number

630-990-8100

CR2E003 (8/98)