

**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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 DEC 14 AM 10:05

1. Name of Limited Partnership

1a. DOCUMENT #  
**B97000000574**

**CMD/FUND I GP INVESTMENTS, L.P.**



Mailing Address 227 WEST MONROE STREET, SUITE 3900 CHICAGO IL 60606		Principal Office Address 227 WEST MONROE STREET, SUITE 3900 CHICAGO IL 60606		3. Date Formed or Registered 10/28/1997	5a. Capital Contributions as Shown on record.  \$0.00
2. Mailing Address Suite, Apt. #, etc.		2a. Principal Office Address Suite, Apt. #, etc.		3a. Date of Last Report 12/08/1997	
City & State		City & State		4. State or Country of Formation IL	5b. Amount of Capital Contributions in FLORIDA to date:
Zip Country		Zip Country		6. FEI Number 36-4184137 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
				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  KILGALLON, PAUL J C/O CMD REALTY INVESTORS, INC. 899 WEST CYPRESS STREET, SUITE 109 FT. LAUDERDALE FL 33309-2046		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. 500002719385--8 -12/22/98--01073--017 City ***141.75 ***141.25	
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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.

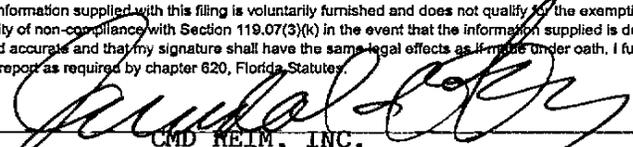
SIGNATURE (Registered Agent Accepting Appointment) \_\_\_\_\_ DATE \_\_\_\_\_

**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
CMD REIM, INC.	227 WEST MONROE STREE	CHICAGO IL 60606	F94000005246

**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 1, 1998

Typed or Printed Name of General Partner Signing Form **CMD REIM, INC.** By: **Randal J. Selig, Exec. V.P.** Daytime Telephone Number **(312) 726-3121**

CR2E003 (8/98)