## 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** 

SIGNATURE \_

Typed or Printed Name of General Partner Signing Form

DOCUMENT#

FILED

98 OCT 30 AM 10: 27

Daytime Telephone Number (312) 855-0930

4. Name of Limited Partnership	B9700000597		S	ECRETARY OF STATE	
BRADENTON FLORIDA ASSOCIATES LIMITED PARTN					
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
2 NORTH LASALLE STREET. SUITE 1901 CHICAGO IL 60602	2 NORTH LASALLE STREET, SUIT CHICAGO IL 60602			\$100.00	
UNIONGO IE GOODE	GHIOAGO IL 00002		3a. Date of Last Report 04/15/1998	5b. Amount of Capital Contributions in FLORIDA	
			4. State or Country of Formation	Contributions in FLORIDA to date:	
2. Mailing Address 2 N. LaSalle St.	2a. Principal Office Address 2 N. LaSalle St.		IL	\$100.00	
Suite, Apt. #, etc. Ste. 1901	Suite, Apt. #, etc.		6. FEI Number	Applied For	
	Ste. 1901 City & State		<del>-</del> 36-4190645	Not Applicable	
City & State Chicago, IL  Zip Country	Chicago, II	Country	7. Certificate of Status Desired	\$8.75 Additional Fee Required	
60602 U.S.A.		S.A.	8. Make check payable to: Dept. of S	tate (See reverse side for fee information)	
				EE SUIT 25	
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office		
C T CORPORATION SYSTEM		Name			
1200 SOUTH PINE ISLAND ROAD	Street Address		(P.O. Box Number Is Not Acceptable)		
	Suite, Apt. #, etc.		. 30000266589 <del>2</del>		
PLANTATION FL 33324	Soile, Apr. W, Git.		-11/03/9801032001		
		City	Hartest and the	Zip Code	
10a. Pursuant to the provisions of sections 620.1051 and 6	220 402 Fladda Chabana 15		李承来来:	8.75-****88.75	
for the purpose of changing its registered office or reg agent. I am familiar with, and accept the obligations of	istered agent, or both, in the State of Florid				
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)	Address of Each General (Do NOT Use Post Office Box	Partner 11b	City, State & Zip Code	11c. Registration/	
BRADENTON FLORIDA ASSOCIATES	2 NORTH LASALLE STREE		CHICAGO IL 60602	M97000000728 827000000728M	
			300002665893—7 -10/16/98—01098—003		
				2.50 *****52.50	
<b>&gt;</b>			AL	OCT 3 n 1998	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.					
<ol> <li>I do hereby certify that the information supplied with this Corporations from any liability of non-compliance with Se this annual report is true and accurate and that my signa empowered to execute this report as required by chapter</li> </ol>	ection 119.07(3)(k) in the event that the info ture shall have the same legal effects as if	omation supplied is de	emed exempt from public access. I further o	pertify that the information indicated on	

Zev Karkomi