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

Bradenton Florida

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE:

DOCUMENT # B97000000597 FILED 1. Entity Name BRADENTON FLORIDA ASSOCIATES LIMITED **PARTNERSHIP** 04 JAN 29 AM 9: 28 SECPETARY LY STATE TALLAHASSEE FLORIDA Mailing Address Principal Place of Business 2 NORTH LASALLE STREET, SUITE 725 2 NORTH LASALLE STREET, SUITE 725 CHICAGO, IL 60602 CHICAGO, IL 60602 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052004 CR2E003 (10/03) Chg-LP City & State 4. FEI Number Applied For City & State 36-4190645 Not Applicable Żip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CIT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City 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 Signature, typed or printed name of registered agent and title if applicable. DATE 9. Capital Contributions 10. Amount of Capital Contributions \$100.00 in FLORIDA to date. as Shown on record. 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. ADDRESS CHANGES ONLY 12. GENERAL PARTNER INFORMATION 13. DOCUMENT # M97000000728 STREET ADDRESS BRADENTON FLORIDA ASSOCIATES, L.L.C. NAME 2 NORTH LASALLE STREET, SUITE 725 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHICAGO, IL 60602 DOCUMENT # STREET ADDRESS 400027902734 01/29/04-01075-007 **141.25 NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP প্রারোগের হার 10 P DOCUMENT # STREET ÁDDRESS NAME - - -STREET ADDRESS CITY-ST-ZIP 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 Bradenton Florida Associates, L.L.C., its general partner /- 20-04

Zev Karkomi, Manager

312/855-0930

Daytime Phone #