FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 NOV 25 PM 1:56

1. Name of Limited Partnership
Eugene Real Estate Limited Partnership

1a. DOCUMENT #
B97000000609

Mailing Address
500 West Madison Street
Suite 2980
Chicago, Illinois 60661

Principal Office Address
same

3. Date Formed or Registered
11/10/97

3a. Date of Last Report

4. State or Country of Formation
Delaware

5a. Capital Contributions as Shown on record.
$1,000

5b. Amount of Capital Contributions in FLORIDA to date
$1,000

2. Mailing Address
500 West Madison Street
Suite, Apt. #, etc.
Suite 2980
City & State
Chicago, Illinois
Zip
60661
Country
USA

2a. Principal Office Address
same
Suite, Apt. #, etc.
City & State
Zip
Country

6. FEI Number
36 -4192377
☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired ☐ **$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

CT Corporation System
c/o CT Corporation System
1200 South Pine Island Road
Plantation, Florida 33324

10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, etc.
City **FL** Zip Code

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
Zinc Corp.	500 West Madison Street Suite 2980	Chicago, Illinois 60661	F97000005981

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-12/03/97--01090--016
****156.25 ****156.25

KWM

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 Edward F. Burjek DATE 11/18/97

Typed or Printed Name of General Partner Signing Form Edward Burjek Assistant V.P. of general partner Daytime Telephone Number 312/669-1200

CR2E003 (6/97)