


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**May 05, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # B97000000674</b> 1. Entity Name <b>MHC FINANCING LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>2 NORTH RIVERSIDE PLAZA          SUITE 800          CHICAGO, IL 60606</b>			Mailing Address <b>2 NORTH RIVERSIDE PLAZA, SUITE 800          C/O JENNIFER USHER          CHICAGO, IL 60606-2600</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>36-3871288</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>LEXIS DOCUMENT SERVICES, INC.          1201 HAYS STREET          TALLAHASSEE, FL 32301</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and filer if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$1,662,035.00</b>			10. Amount of Capital Contributions in FLORIDA to date. <b>\$1,662,035.00</b>		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	F97000006602		STREET ADDRESS		
NAME	MHC-QRS, INC.		CITY-ST-ZIP		
STREET ADDRESS	2 NORTH RIVERSIDE PLAZA				
CITY-ST-ZIP	CHICAGO, IL 60606				
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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					
SIGNATURE: By: <u>David W. Fell</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			04/15/05 312/279-1400 David W. Fell, Secretary of MHC-QRS, Inc. <small>Date Daytime Phone #</small>		



04062005 Chg-LP CR2E003 (10/03)

4. FEI Number **36-3871288** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and filer if applicable.

9. Capital Contributions as Shown on record. **\$1,662,035.00**  
 10. Amount of Capital Contributions in FLORIDA to date. **\$1,662,035.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
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SIGNATURE: By: David W. Fell 04/15/05 312/279-1400  
 David W. Fell, Secretary of MHC-QRS, Inc.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE