

**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 1, 2005**

**DOCUMENT # B98000000091**

1. Entity Name

**SPECIAL ACCOUNT - U, L.P.**



FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

05 MAR -8 AM 8:25

Principal Place of Business

737 N. MICHIGAN, SUITE 1950  
 CHICAGO IL 60611

Mailing Address

737 N. MICHIGAN, SUITE 1950  
 CHICAGO IL 60611

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1ST MOORE CR2E003 (10/04)

4. FEI Number

06-1457582  
 06-1451582 wrong #

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions  
 as Shown on record.

**\$12,480,219.00**

10. Amount of Capital Contributions  
 in FLORIDA to date.

**11. FILE NOW!!! Due by May 1, 2005  
 See Block 11 instructions for fee info.**

**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.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **M02000001114**  
 NAME **HENDERSON GLOBAL INVESTORS GP, L.L.C.**  
 STREET ADDRESS **737 N. MICHIGAN, SUITE 1950**  
 CITY-ST-ZIP **CHICAGO IL 60611**

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
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 CITY-ST-ZIP

STREET ADDRESS  
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 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

**SIGNATURE:**

*Brian C. Becker*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**2/23/05 312-475-7010**  
 Date Daytime Phone #

STAPLE CHECK HERE