

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # B98000000102

1. Entity Name
FI DEVELOPMENT SERVICES, L.P.



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 MAR 29 AM 8:35

Principal Place of Business
**1209 ORANGE STREET
 WILMINGTON, DE 19801**

Mailing Address
**311 S. WACKER DRIVE, SUITE 4000
 CHICAGO, IL 60606**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062004 Chg-LP CR2E003 (10/03)

4. FEI Number

36-4115352

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

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525**

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.

\$1,000,000.00

10. Amount of Capital Contributions
 in FLORIDA to date.

72,850

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

DOCUMENT # **F98000000883**
 NAME **FI DEVELOPMENT SERVICES CORPORATION**
 STREET ADDRESS **311 S. WACKER DRIVE, SUITE 4000**
 CITY - ST - ZIP **CHICAGO, IL 60606**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

200027915212
 01/30/04--01019--008 **875.00

STREET ADDRESS

CITY - ST - ZIP

200027915212
 04/14/04--01021--014 **88.75

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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:

Scott A. Musil

SCOTT A. MUSIL

1/20/04

312-344-4300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE