2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

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\$526.251LED **DOCUMENT # B98000000521** 04 FEB -6 PM 12: 36 1. Entity Name FBEC - CYPRESS FINANCIAL CENTER, L.P. SECRETA LY UT STATE TALLAHASSEE FLORIDA Mailing Address Principal Place of Business C/O HAGAN & ASSOC.//ATTN: MIA DELGADO C/O HAGAN & ASSOC.//ATTN: MIA DELGADO 200 EAST RANDOLPH DRIVE, SUITE 4322 200 EAST RANDOLPH DRIVE, SUITE 4322 CHICAGO, IL 60601 CHICAGO, IL 60601 3. Mailing Address 2. Principal Place of Business CIO HAGAN o HAGAN 8 Hasocicta Suite, Apt. #, etc. Suite, Apt. #, etc. 01062004 CR2E003 (10/03) Chg-LP AHU: E Mad AHN: E Madr City & State 200 E. Wandolph Applied For 4. FEI Number City & State 200 St Chicago Chi cago 52-2115608 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required FIBD ABL 100001 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 it applicable DATE 9. Capital Contributions 10. Amount of Capital Contributions \$13,055,230.00 in FLORIDA to date. as Shown on record. 13,055, 230.00 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 GENERAL PARTNER INFORMATION 13. 12. M98000000915 DOCUMENT # STREET ADDRESS CYPRESS FINANCIAL CENTER- FBEC LLC NAME 200 EAST RANDOLPH DRIVE, SUITE 4300 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHICAGO, IL 60601 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 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-7IP 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 1 CE COSDELT TOOMS. Treasurer, Florida DEFICE Proper Beneral Partner, Cupress Financial Center-FBEC, LLC

GNING GENERAL PARTNER

<u> 116104</u>

312-228-2050

Daytime Phone #

Smith