


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 04 APR -5 AM 10:43

<b>DOCUMENT # B98000000580</b> 1. Entity Name CMS/BYRON HALL, L.P.	
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Principal Place of Business 1996 SOUTH KIRK ROAD, SUITE 320 GENEVA, IL 60134	Mailing Address C/O T.B. BRETT, III/ UNGARETTI & HARRIS 3500 THREE FIRST NATIONAL PLAZA CHICAGO, IL 60602
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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01062004 Chg-LP CR2E003 (10/03)

4. FEI Number 36-4251541	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float:right">FL</span> Zip Code
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
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9. Capital Contributions as Shown on record. <b>\$1,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>\$1,000.00</b>	
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**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 #	F98000005416	STREET ADDRESS	
NAME	CMS/BYRON HALL, INC.	CITY-ST-ZIP	900032968209 04/16/04--01046--019 **88.75
STREET ADDRESS	1996 SOUTH KIRK ROAD, SUITE 320		
CITY-ST-ZIP	GENEVA, FL 60134		
DOCUMENT #		STREET ADDRESS	900032968209 04/16/04--01046--020 **52.50
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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 file this report as required by Chapter 620, Florida Statutes

CMS/Byron Hall, Inc. <b>SIGNATURE: By:</b>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Edward A. Carlson, President	(630) 232-2020 Date Daytime Phone #
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