LIMITED
PARTNERSHIP
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

04 MAY 12 PM 2: 26

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1. Name of Limited Partnership

Treasures Holdco, L.P.

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2. Principal Office Addre 1200 N. Ashla	l	3. Mailing Office Address 1200 N. Ashland Avenue				4. Date Formed or Registered To Do Business in Florida 02/24/1999				
Suite, Apt. #, etc. Suite 522		Suite, Apt. #, etc. Suite 522				5. FEI Number 75-2804929		Applied Not App	t For plicable	
City & State Chicago, IL		City & State Chicago, IL				CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status				
^{Zip} 60622	Zip Country 60622 USA		•		7a. Capital Contributions as shown on Record: \$3,650,000					
	8. Name and Address of C	Surrent Registered #	Agent	,		7b. Amount of Capital Contributions in FLORIDA to date:				
Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable)						FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office. 2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.				
1200 Pine Island Road Suite, Apt. #, Etc.										
City Plantation		State Zip Code FL 33324				 Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee. 				
for the purpose of chan agent. I am familiar with	nging its registered office or registere h, and accept the obligations of sect	ed agent, or both, in the	State of Florid	I limited partnershi da. Such change v	iip organi was auth	ized or registered under the laws of the State lorized by its general partner(s). I hereby acco	of Florida, submits apt the appointmen	this stater t of registe	ment ered	
· · · · · · · · · · · · · · · · · · ·	DADTNED THAT IS	A COPPOR	ATION	' IMITED	DAD	RTNERSHIP OR OTHER BUSINESS ENTITY				
A GENERAL	MUST	BE REGISTE	RED A	ND ACTIV	/E W	ITH THIS OFFICE.	BUSINES	2 EIN	IIII	
10. Name(s) of Ge	ieneral Partner(s)	Address of E (Do NOT Use P	Each General Post Office Box			City, State and Zip Code		legistration ument Nun		
Treasures Ger	1200 N. Ashland Avenue Suite 522		Chi	icago, IL 60622 4000370 05/24/0401114-	F99000001046 F1514					
					The state of the s	2003 200		_OOL. 8	. 50	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

1.	I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of
	Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated
Į	on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver of
•	trustee employered to execute this report as required by chapter 620 Florida Statutes. Coneral Partner

ATURE BY: Whatel W. H. MAR

hone Number 773-489-7600

CR2E039 (10/02

Typed or Printed Name of General Partner Signing For

Michael Husman, Secretary