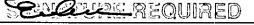
2002 UNIFORM BUSINESS REPORT (UE	3R)
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D00::	DOCUMENT # B00000000338											
DOCUMENT # B9900000328 ***												
CMS GRAND APARTMENTS, L.P.							FILED					
Dringing! Plac	o of Business			allina Address		·····		2002 MAR -5 AH 10: 50				
Principal Place of Business Mailing Address 1996 SOUTH KIRK ROAD. SUITE 320 1996 SOUTH KIRK ROAD. S GENEVA IL 60134 GENEVA IL 60134					SUITE :	320		DIVIJION OF CORPORATIONS TALLAHASSEE, FLORIDA				
Principal Place of Business 3. Mailing Address												
Suite, Apt. #, etc.			Suite, Apt. #, etc.			· ·		DUE BY MAY 1, 2002				
City & State			C	City & State			4. FEI Number	4. FEI Number 36-4314986 Applied For Not Applicable				
Zip	Zip Country			Zip	Cour	ntry	5. Certificate of Status Desired S8.75 Additional Fee Required					
	6. Name	and Address of Current F	Regist	tered Agent		Name	7. Name and A	Address of New Registered A	Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324						Street Addre	ss (P.O. Box Number	(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.												
SIGNATURE												
9. Capital Co as Shown	ntributions on record.	\$5,000,000.00		10. Amount of Capital in FLORIDA to dat			,000	11. MAKE CHECK PAYABLE SEE REVERSE SIDE FO	R FEE INFORMATION			
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. \$526, 25												
12. GENERAL PARTNER INFORMATION								ADDRESS CHANGES ONL				
DOCUMENT # NAME	F99000004535 CMS GRAND APARTMENTS, INC.				STRE	EET ADDRESS						
STREET ADDRESS CITY-ST-ZIP	A-11-11 II			320		-ST-ZiP						
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DOCUMENT # NAME					STRE	EET ADDRESS		7				
STREET ADDRESS CITY-ST-ZIP					CITY	-ST-ZIP						
14. I hereby o	certify that the	information supplied with t	his fili	ing does not qualify for the	he exe	mption stated in	Section 119.07(3)(i)	Florida Statutes. I further certi	ify that the information			

indicated on this report is true and accurate and that my signature shall have the same legal effect as the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

STAPLE CHECK HERE



2/26/02 630 232 7020
Date Daylime Phone #