

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2004 8:00 am**  
**Secretary of State**

01-23-2004 90019 048 \*\*\*150.00

**DOCUMENT # F95000004518**

1. Entity Name  
**ZELL GENERAL PARTNERSHIP, INC.**



Principal Place of Business  
**2 N. RIVERSIDE PLAZA  
SUITE 600  
CHICAGO, IL 60606**

Mailing Address  
**C/O ROBIN SCHAPIRO  
2 N. RIVERSIDE PLAZA SUITE 600  
CHICAGO, IL 60606**

**24003802**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01122004

Chg-P

CR2E034 (10/03)

4. FEI Number

**36-3716786**

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

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE, FL 32301**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME ZELL, SAMUEL  
STREET ADDRESS 2 N. RIVERSIDE PLAZA  
CITY-ST-ZIP CHICAGO, IL 60606

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME PATE, WILLIAM C  
STREET ADDRESS 2 N. RIVERSIDE PLAZA  
CITY-ST-ZIP CHICAGO, IL 60606

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☒ Delete  
NAME RAFELSON, ANNE  
STREET ADDRESS 2 N. RIVERSIDE PLAZA  
CITY-ST-ZIP CHICAGO, IL 60606

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME LIEBENTRITT, DONALD  
STREET ADDRESS 2 N RIVERSIDE PLAZA  
CITY-ST-ZIP CHICAGO, IL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME TINKLER, PHILIP  
STREET ADDRESS 2 N. RIVERSIDE PLAZA  
CITY-ST-ZIP CHICAGO, IL 60606

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME PAOLUCCI, JOSEPH M  
STREET ADDRESS 2 N. RIVERSIDE PLAZA  
CITY-ST-ZIP CHICAGO, IL 60606

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**Donald J. Liebenritt, Vice President 1/12/2004**

**312/466-3380**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #