

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 08:00 AM
Secretary of State

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**



01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZELL, SAMUEL 2 N. RIVERSIDE PLAZA CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PATE, WILLIAM C 2 N. RIVERSIDE PLAZA CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LIEBENTRITT, DONALD 2 N RIVERSIDE PLAZA CHICAGO, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TINKLER, PHILIP 2 N. RIVERSIDE PLAZA CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PAOLUCCI, JOSEPH M 2 N. RIVERSIDE PLAZA CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000259550
03/11/05-80029-012 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 3/07/2005 312-466-3380

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #