
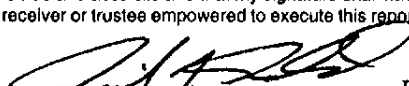
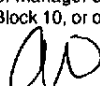


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS		FILED 97 APR 23 PM 1:32 JAN 24 1997 SECRETARY OF STATE TALLAHASSEE FLORIDA	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company SPECIALIZED INCOME PROPERTIES I, L.C. P.O. BOX 4745 ROCKFORD IL 61110-4745		DOCUMENT #L94000000456 1a. Principal Place of Business Address 333 EAST STATE STREET ROCKFORD IL 61105			
<small>If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.</small>					
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 09/06/1994 4. FEI Number 36-3982430 5. Date of Last Report 03/19/1996	
				3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent BENNETT, BRUCE W HINSHAW & CULBERTSON 100 SOUTH ASHLEY, SUITE 290 TAMPA FL 33602			8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 500002155285-1 Suite, Apt. #, etc. 04/25/97-01074-006 ****203.75 ****203.75 City FL Zip Code		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ DATE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>					
10. Title	Managing Members/Managers		Business Street Address		City, State and Zip Code
MEM	ARNOLD, DANIEL J		333 E STREET		ROCKFORD IL
MEM	BEEKMAN, BRENT T		333 E STATE STREET		ROCKFORD IL
11. I do 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 annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: 		Daniel J. Arnold		1/28/97	(815)961-1700 
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>				<small>Date</small>	<small>Daytime Phone #</small>