2004 LIMITED LIABILITY COMPANY

FILED Mar 03, 2004 08:00 AM

ANNUAL REPORT				C4	
DOCUMENT # M0300002488 1. Entity Name KISSIMMEE PARTNERS, LLC				Secretary of State	
•	ce of Business DOLPH STREET 60606	Mailing Address 308 W. RANDOLPH STREET CHICAGO, IL 60606			
DO NOT WRITE IN THIS SPA			CE	01052004 No Chg-LLC CR2E083 (10/03) 4. FEI Number Applied For Not Applicable 5. Certificate of Status Desired \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				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 reinstaung) DATE					
Filing Fee is \$50.00 Due by May 1, 2004				U00000075770 03/03/04-80074-010 55.00	
9. ITILE NAME SIREET ADDRESS CITY-ST-ZIP THLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEN MGR APOSTOLOU, JOHN 308 W. RANDOLPH STREET CHICAGO, IL 60606	/BERS/MANAGERS		DO NOT WRITE IN THIS SPACE	
NAME STREET ADDRESS CITY-ST-ZIP					

11. I hereby certify that the information supplied with this filling 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 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.

SIGNATURE: Not typed or printed name of signing managing member, or authorized representative