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Mar 29, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P33528

1. Corporation Name
CAPITAL ASSOCIATES REALTY PARTNERS CORPORATION



Principal Place of Business 1201 NORTH CLARK STREET, SUITE 300 CHICAGO IL 60610-2270	Mailing Address 1201 NORTH CLARK STREET, SUITE 300 CHICAGO IL 60610-2270
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/12/1991	
4. FEI Number 36-3658396	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	KUPFERBERG, SCOTT	
STREET ADDRESS	1201 NORTH CLARK STREET, SUITE 300	
CITY-ST-ZIP	CHICAGO IL 60610-2270	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCKAY, TERRY A.	
STREET ADDRESS	1201 NORTH CLARK STREET, SUITE 300	
CITY-ST-ZIP	CHICAGO IL 60610-2270	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROSENBERG, THOMAS B.	
STREET ADDRESS	1201 NORTH CLARK STREET, SUITE 300	
CITY-ST-ZIP	CHICAGO IL 60610-2270	
TITLE	V	<input type="checkbox"/> DELETE
NAME	VARLAS, DENO T	
STREET ADDRESS	1201 NORTH CLARK STREET, SUITE 300	
CITY-ST-ZIP	CHICAGO IL 60610-2270	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Chairman of the Board/Secretary/ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Director
2.3 STREET ADDRESS	McKay, Terry A.
2.4 CITY-ST-ZIP	1201 North Clark Street, Suite 300 Chicago, Illinois 60610-2270
3.1 TITLE	President and Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Rosenberg, Thomas B.
3.3 STREET ADDRESS	1201 North Clark Street, Suite 300
3.4 CITY-ST-ZIP	Chicago, Illinois 60610-2270
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Metzger, John
5.3 STREET ADDRESS	1201 North Clark Street, Suite 300
5.4 CITY-ST-ZIP	Chicago, Illinois 60610-2270
6.1 TITLE	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Osborne, Barbara
6.3 STREET ADDRESS	1201 North Clark Street, Suite 300
6.4 CITY-ST-ZIP	Chicago, Illinois 60610-2270

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/99 (312)335-2600
 Date Daytime Phone #

CR2E034 (1/1/98)