



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90399 033 \*\*\*\*61.25

<b>DOCUMENT # 703971</b> 1. Entity Name <b>ILLINOIS APARTMENTS, INC.</b>					
Principal Place of Business <b>1501 SE 15TH COURT          DEERFIELD BEACH, FL 33441 US</b>			Mailing Address <b>500 NE SPANISH RIVER BLVD          SUITE 18          BOCA RATON, FL 33431 US</b>		
2. Principal Place of Business, No P.O. Box # <b>300 NE Spanish River Blvd</b>		3. Mailing Address Suite, Apt. #, etc. <b>Ste 18</b>			
City & State <b>Boca Raton FL</b>		City & State <b>Boca Raton FL</b>		4. FEI Number <b>59-1879079</b>	
Zip <b>33431</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>WILLIS, ERNEST          BEACON PROPERTY MANAGEMENT          500 NE SPANISH RIVER BLVD #18          BOCA RATON, FL 33431</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"><b>FL</b> Zip Code</div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$61.25          Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make check payable to          Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE <b>PD</b>	NAME <b>VELEPEC, HUBERT</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>PD</b>	NAME <b>Ronald Ruedger</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1501 SE 15TH CT #301</b>	CITY-ST-ZIP <b>DEERFIELD BEACH, FL 33441</b>		STREET ADDRESS <b>1501 SE 15th CT #105</b>	CITY-ST-ZIP <b>Deerfield Beach, FL 33441</b>	
TITLE <b>TD</b>	NAME <b>DEWELL, HOWARD</b>	<input type="checkbox"/> Delete	TITLE <b>VP</b>	NAME <b>Dennis O'Grady</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>1501 SE 15TH COURT #303</b>	CITY-ST-ZIP <b>DEERFIELD BEACH, FL 33441</b>		STREET ADDRESS <b>1501 SE 15th CT #302</b>	CITY-ST-ZIP <b>Deerfield Beach, FL 33441</b>	
TITLE <b>SD</b>	NAME <b>ARMSTRONG, GARY</b>	<input type="checkbox"/> Delete	TITLE _____	NAME _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1501 SE 15TH CT #204</b>	CITY-ST-ZIP <b>DEERFIELD BEACH, FL 33441</b>		STREET ADDRESS _____	CITY-ST-ZIP _____	
TITLE <b>D</b>	NAME <b>LOBUGLIO, VICTOR</b>	<input type="checkbox"/> Delete	TITLE _____	NAME _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1501 SE 15TH CT #402</b>	CITY-ST-ZIP <b>DEERFIELD BEACH, FL 33441</b>		STREET ADDRESS _____	CITY-ST-ZIP _____	
TITLE <b>VD</b>	NAME <b>RUEDGER, RONALD</b>	<input type="checkbox"/> Delete	TITLE _____	NAME _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1501 SE 15TH CT #105</b>	CITY-ST-ZIP <b>DEERFIELD BEACH, FL 33441</b>		STREET ADDRESS _____	CITY-ST-ZIP _____	
TITLE _____	NAME _____	<input type="checkbox"/> Delete	TITLE _____	NAME _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS _____	CITY-ST-ZIP _____		STREET ADDRESS _____	CITY-ST-ZIP _____	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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.					
<b>SIGNATURE:</b> 			Date: <b>4/27/07</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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02142007 Chg-NP CR2E037 (12/06)

4. FEI Number **59-1879079** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required