


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2004 08:00 AM
Secretary of State

DOCUMENT # 857381 1. Entity Name ORANGELAND VISTAS, INC.	
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Principal Place of Business % JENNIFER USHER TWO NORTH RIVERSIDE PLAZA., STE 800 CHICAGO, IL 60606	Mailing Address % JENNIFER USHER TWO NORTH RIVERSIDE PLAZA., STE 800 CHICAGO, IL 60606
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03152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-3250287	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEXIS DOCUMENT SERVICES INC.
1201 HAYS STREET
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 _____ (NOTE: Registered Agent signature required when rehashing) DATE _____
Signature typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

00000100029
03/31/04-80028-013 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREENBERG, ARTHUR A TWO NORTH RIVERSIDE PLAZA., #800 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD OBUCHOWSKI, SUSAN TWO NORTH RIVERSIDE PLAZA., #800 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PULTORAK, JUDY 2 NORTH RIVERSIDE PLAZA CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP SCHULTZ, GENEVIEVE 2 NORTH RIVERSIDE PLAZA., #800 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVPS USHER, JENIFER 2 NORTH RIVERSIDE PLAZA., #800 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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)(i), 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: By: Jennifer L. Usher Jennifer L. Usher, Secretary 03/15/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #