

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000000620 (3)**

1. Corporation Name
PERA BOCA ELEVEN, INC.



Principal Place of Business Mailing Address
**650 CALIFORNIA STREET, STE 1800
SAN FRANCISCO CA 94108**

3. Date Incorporated or Qualified **02/06/1995** 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address
21 **Not Applicable** 26 **Not Applicable**

4. FEI Number **84-1249343** Applied For Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

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

23 City & State 28 City & State

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

24 Zip Country 25 Country 29 Zip Country 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301**

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

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

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	HAUER, SUZANNE M
STREET ADDRESS	650 CALIFORNIA STREET, STE 1800
CITY-STATE-ZIP	SAN FRANCISCO CA
TITLE	V <input type="checkbox"/> DELETE
NAME	EGAN, GERALD E
STREET ADDRESS	875 NORTH MICHIGAN AVE., STE 4114
CITY-STATE-ZIP	CHICAGO IL
TITLE	ST <input type="checkbox"/> DELETE
NAME	FERKULL, PAULA M
STREET ADDRESS	875 NORTH MICHIGAN AVE., STE 4114
CITY-STATE-ZIP	CHICAGO IL
TITLE	V <input type="checkbox"/> DELETE
NAME	COOK, ROEBRT J
STREET ADDRESS	875 NORTH MICHIGAN AVE., STE 4114
CITY-STATE-ZIP	CHICAGO IL
TITLE	V <input type="checkbox"/> DELETE
NAME	FEINBERG, PETER F
STREET ADDRESS	55 EAST 52ND STREET, 31ST FLOOR
CITY-STATE-ZIP	NEW YORK NY
TITLE	V <input type="checkbox"/> DELETE
NAME	GONZALEZ, TIMOTHY K
STREET ADDRESS	650 CALIFORNIA STREET, STE 1800
CITY-STATE-ZIP	SAN FRANCISCO CA

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-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Paula M. Ferkull* January 22, 1996 (312) 266-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Paula M. Ferkull, Treasurer

CR2E034 (12/95)

**ATTACHMENT TO
PROFIT CORPORATION ANNUAL REPORT FOR
PERA BOCA ELEVEN, INC.**

Director

Norman G. Benedict

1300 Logan Street
Denver, Colorado 80203

Officers (continued)

Vice President	James B. Gurley, Jr.	55 East 52nd Street, 31st Floor New York, New York 10055
Vice President	A. Jay Jehle	650 California Street, Suite 1800 San Francisco, California 94108
Vice President	Robert S. Wolkoff	875 North Michigan Avenue, Suite 4114 Chicago, Illinois 60611
Assistant Secretary	Tracy L. DeMay	650 California Street, Suite 1800 San Francisco, California 94108