

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
**Apr 23 1996 8:00 am**  
**Secretary of State**

**DOCUMENT # F95000002281 (2)**

1. Corporation Name  
**RBG ENCLAVE XXVII CORP.**



Principal Place of Business: **154 W HUBBARD ST., STE. 250 CHICAGO IL 60610**  
Mailing Address: **154 W HUBBARD ST., STE. 250 CHICAGO IL 60610**

3. Date Incorporated or Qualified: **05/09/1995**  
3a. Date of Last Report  
4. FEI Number: **APPLIED FOR 36-4015118**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
**PRENTICE HALL LEGAL & FINANCIAL SERVICES  
1201 HAYS ST.  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent  
81 Name  
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 date of registration (NOTE: Registered Agent signature required when not signing)

12. OFFICERS AND DIRECTORS		
TITLE	CV	<input type="checkbox"/> DELETE
NAME	BLOCK, BRUCE H	
STREET ADDRESS	154 WEST HUBBARD, SUITE 250	
CITY-ST-ZIP	CHICAGO IL 60610	
TITLE	CP	<input checked="" type="checkbox"/> DELETE
NAME	BLOCK, BRUCE H	
STREET ADDRESS	154 WEST HUBBARD, SUITE 250	
CITY-ST-ZIP	CHICAGO IL 60610	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	ROSS, ROBERT S	
STREET ADDRESS	154 WEST HUBBARD, SUITE 250	
CITY-ST-ZIP	CHICAGO IL 60610	
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	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GOLDFINE, ROBERT S.	
1.3 STREET ADDRESS	154 WEST HUBBARD ST., SUITE 250	
1.4 CITY-ST-ZIP	CHICAGO, IL 60610-4523	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-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)(b), 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 registered 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: *Robert S. Goldfine*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96 312 464-0100  
DATE TIME

CR2E034 (12/95)