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Secretary of State

03-04-1999 90176 022 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9700006689

LIFESTYLE COMMUNITIES OF DELAWARE, LTD., INC.

Principal Place of Business Mailing Address % CMC HEARTLAND PARTNERS % CMC HEARTLAND PARTNERS 547 W. JACKSON BLVD., SUITE 1510 547 W. JACKSON BLVD., SUITE 1510 DO NOT WRITE IN THIS SPACE CHICAGO IL 60661 CHICAGO IL 60661 3. Date Incorporated or Qualifed 12/17/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 36-4116539 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 22 27 City & State 6. Election Campaign Financing \$5.00 May Be City & State \Box Added to Fees Trust Fund Contribution 28 23 Zip Country 8. This corporation owes the current year Intangible Zip Country 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 83 Zip Code 84 City 85 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ☐ Addition DELETE 1.1 TITLE ☐ Change **PCOB** TITLE JACOBSON, EDWIN 1.2 NAME NAME 547 W. JACKSON BOULEVARD, SUITE 1510 1.3 STREET ADDRESS STREET ADDRESS CHICAGO IL 60661 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change □ DELETE 2.1 TITLE TITLE RIGHEIMER, JAMES G 22 NAME NAME 547 W. JACKSON BOULEVARD, SUITE 1510 2.3 STREET ADORESS STREET ADDRESS CHICAGO IL 60661 2.4 CITY-ST-ZIF CITY-ST-ZIP Addition ☐ DELETE ☐ Change TITLE **VGCS** 3.1 TITLE ADELSON, LAWRENCE S 3.2 NAME NAME 547 W. JACKSON BOULEVARD, SUITE 1510 3.3 STREET ADDRESS STREET ADDRESS CHICAGO IL 60661 3.4 CITY-ST-ZIF CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS

4. 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.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

54 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

62 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE AND TYPED OR PRIVATE NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

☐ DELETE

2-15-99 312 294

Change

Change

Addition

Addition

CR2E034 (11/98)