


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90074 016 ***150.00

DOCUMENT # F98000005993

1. Entity Name
LAKE SEMINOLE SQUARE MANAGEMENT COMPANY, INC.



Principal Place of Business
**111 WESTWOOD PLACE SUITE 200
 BRENTWOOD, TN 37027**

Mailing Address
**111 WESTWOOD PLACE SUITE 200 --
 BRENTWOOD, TN 37027 --**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
**330 North Wabash
 Suite 1400
 Chicago, IL
 60611 USA**

4. FEI Number
59-2922555

Applied For
 Not Applicable

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

01102007 Chg-P CR2E034 (12/06)



6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD.
 PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

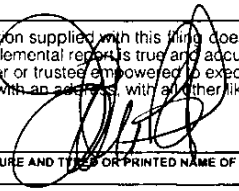
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

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

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD SHERIFF, W E 111 WESTWOOD PLACE, STE 200 BRENTWOOD, TN <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Co-CEO/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CFO RICHARDSON, BRYAN 111 WESTWOOD PLACE, STE 200 BRENTWOOD, TN 37027 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Co-President/D John P. Rijos 330 North Wabash, #1400 Chicago, IL 60611 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V KAESTNER, H T 111 WESTWOOD PLACE, STE 200 BRENTWOOD, TN <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | CFO/D Mark W. Ohlendorf 6737 W. Washington, #2300 Milwaukee, WI 53214 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VST HICKS, GEORGE T 111 WESTWOOD PLACE, STE 200 BRENTWOOD, TN <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | EVP/S T. Andrew Smith 111 Westwood Drive, #200 Brentwood, TN 37027 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V MONEY, JAMES T 111 WESTWOOD PLACE, STE 200 BRENTWOOD, TN <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | EVP/T Kristin A. Ferge 6737 W. Washington, #2300 Milwaukee, WI 53214 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 reports 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:  **John P. Rijos, Co-President** 04/10/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #