## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

## FILED Apr 06, 2004 8:00 am Secretary of State

1. Entity Na	ame	# P09718 TMENT GROUP L	.TD., INC.				04-06-200	) <b>4 90027</b> 04	12 ***:	150.00	
Principal Pla	ace of Busines	is .	Mailing Address			7	11000U	44			
20 NORTH CLARK STREET SUITE 2550			20 NORTH CLARK STR Suite 2550	EET			ن عید د	ethyd:			
CHICAGO, IL 60602			CHICAGO, IL 60602					en was migis o			
2. Principal Place of Business			2 Mailing Address	3. Mailing Address							
							8118 J8111 1888) 11821 J9		EN DEN DA		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02252004	Chg-P	CR2E034	(10/03)	)		
City & State		City & State	City & State			504	<u>.</u>	$\rightarrow$	applied For		
Zip	Zip Country		Zip	Coun	ntry	36-3327521  5. Certificate of Status Desire		<sub>[7]</sub> \$8	3.75 Ad	lot Applicable Iditional	
	- 5 -Name	and Address of Current	Desirand Anage		1 .			Fe	e Requir	ed	
		***	Registered Agent		Name Dia:1	-7. Name and A		Registerea Age	ent	£ = ~.	
	ICK, PHILL GEORGE I						Ip C. Goldstick (P.D. Box Number is Not Acceptable)				
		PLACE NS, FL 33418			c/o S	stephen M	athison	B)			
					PGA Concourse, 5606 P						
					City Palm	City Palm Beach Gardens FL Zip Code 18					
8. The above the obliga	e named entity ations of regist	submits this statement for ered agent.	r the purpose of changing its	registere	ed office or registe	ered agent, or both,	in the State of Flo	orida. I am fam	iliar with	, and accept	
SIGNATURE	1	- Locota	<del></del> -					3/9/09	•		
OlGiver		<del></del>			d Americal management and a single			1-1-			
-	Signature_typled i	or printed name of registered agent a	and title if applicable (NOTE	: Hegisterec	p Agent agriziore require	d when reinstating)		DATE			
After M	LE NOWIII	FEE IS \$150.00 I Fee will be \$550.0	9. Election Campaig Trust Fund Contr	gn Finan	ocing\$5	.00 May Be	,	DATE			
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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 address, with all other like empowered.

SIGNATURE: