

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90320 007 ***150.00

DOCUMENT # F00000000521

1. Entity Name
TMT LAKERIDGE AT THE MOORS, INC.

Principal Place of Business
ATTN: S. MCCLINTOCK
875 NORTH MICHIGAN AVE., 41ST FLOOR
CHICAGO IL 60611-1901

Mailing Address
ATTN: S. MCCLINTOCK
875 NORTH MICHIGAN AVE., 41ST FLOOR
CHICAGO IL 60611-1901



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		94-3346457		<input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				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.

SIGNATURE _____ DATE _____

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	COOK, ROBERT J		NAME				
STREET ADDRESS	1473 CANTIGNY WAY		STREET ADDRESS				
CITY-ST-ZIP	WHEATON IL 60187		CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	COLE, ELIZABETH S		NAME				
STREET ADDRESS	55 EAST 52ND STREET, 31ST FLOOR		STREET ADDRESS	320 Park Avenue, Suite 1700			
CITY-ST-ZIP	NEW YORK NY 10055		CITY-ST-ZIP	New York, NY 10022-6815			
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MURPHY, JEAN-MARIE T		NAME				
STREET ADDRESS	55 EAST 52ND STREET, 31ST FLOOR		STREET ADDRESS	320 Park Avenue, Suite 1700			
CITY-ST-ZIP	NEW YORK NY 10055		CITY-ST-ZIP	New York, NY 10022-6815			
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	FERKULL, PAULA M		NAME				
STREET ADDRESS	875 N. MICHIGAN AVE., 41ST FL.		STREET ADDRESS				
CITY-ST-ZIP	CHICAGO IL 60611		CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	LEITNER, CHARLES B III		NAME				
STREET ADDRESS	55 EAST 52ND STREET, 31ST FLOOR		STREET ADDRESS	320 Park Avenue, Suite 1700			
CITY-ST-ZIP	NEW YORK NY 10055		CITY-ST-ZIP	New York, NY 10022-6815			
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	STEPPE, STEPHEN M		NAME				
STREET ADDRESS	745 CHILTERN ROAD		STREET ADDRESS	101 California Street, 26th Floor			
CITY-ST-ZIP	HILLSBOROUGH CA 94010		CITY-ST-ZIP	San Francisco, California 94111-5853			

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Paula M. Ferkull* **Paula M. Ferkull, Treasurer/Secretary** **04-12-02**

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

312-266-9300

CR2E034 (9/01)