2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# F00000000521

Entity Name: TMT LAKERIDGE AT THE MOORS, INC.

Current Principal Place of Business:

ATTN: S. MCCLINTOCK
875 NORTH MICHIGAN AVE., 41ST FLOOR
CHICAGO, IL 606111901

New Principal Place of Business:

875 NORTH MICHIGAN AVE.
41ST FLOOR
CHICAGO, IL 606111901

Current Mailing Address:

ATTN: S. MCCLINTOCK
875 NORTH MICHIGAN AVE., 41ST FLOOR
CHICAGO, IL 606111901

New Mailing Address:

875 NORTH MICHIGAN AVE.
41ST FLOOR
CHICAGO, IL 606111901

FEI Number: 94-3346457 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	VP	( ) Delete
Name:	COOK, ROBERT J	
Address:	875 NORTH MICHIGAN AVE. 41ST FLOOR	
City-St-Zip:	CHICAGO, IL 606111901	
Title:	VP	( ) Delete
Name:	COLE, ELIZABETH S	
Address:	280 PARK AVE, 40TH FLOOR	
City-St-Zip:	NEW YORK, NY 100171270	
Title:	T	( ) Delete
Name:	CASELLINI, MARLENA M	
Address:	875 N. MICHIGAN AVE. 41 FLOOR	
City-St-Zip:	CHICAGO, IL 606111901	
Title:	VPS	( ) Delete
Name:	MCLINTOCK, SUSAN E	
Address:	875 N. MICHIGAN AVE., 41ST FL.	
City-St-Zip:	CHICAGO, IL 60611	
Title:	VP	(X) Delete
Name:	LEITNER, CHARLES B III	
Address:	280 PARK AVE, 40TH FLOOR	
City-St-Zip:	NEW YORK, NY 100171270	
Title:	V	(X) Delete
Name:	STEPPE, STEPHEN M	
Address:	101 CALIFORNIA ST 26TH FLOOR	
City-St-Zip:	SAN FRANCISCO, CA 941115853	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN E MCCLINTOCK VPS 01/20/2009

Electronic Signature of Signing Officer or Director — Date