## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2007 08:00 AM Secretary of State

DOCUI 1. Entity Nam FURMAN					Seci	retary of	Stai
Principal Place	e of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·				
1663 MOUNI SARASOTA, F		1663 MOUND STREET Sarasota, FL 34236					
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<b>n</b>	O NOT WRITE	IN THIS SDA	or.	01172007	No Chg-P CR	2E034 (11/05)	
L	O NOT WRITE	IN THIS SPA	UE .	4. FEI Number 59-08678	56	<del></del>	pplicable
		*		5. Certificate of S	tatus Desired 🔲	\$8.75 Addition	nal —
	6. Name and Address of Current Re	gistered Agent		<del></del>	9.5	, 00 11000	
1200 S. PI PLANTATI	ORATION SYSTEM NE ISLAND ROAD ION, FL 33324			IN TH	OT WRI	Æ	
the obligat	named entity submits this statement for the ions of registered agent.  Signature, typed or printed name of registered agent and		red office or register			am familiar with, and	d accept
FiL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Fina Trust Fund Contribution		.00 May Be ed to Fees			
10.	OFFICERS AND DI	RECTORS		2.		."	
TITLE	S						•
NAME CYDEET ANDRESS	TISHLER, LOUIS B.						
STREET ADDRESS CITY-ST-ZIP	200 S WACKER, STE 2600 CHICAGO, IL						
	PD PD						
TITLE NAME	FURMAN, ROBERT G.		L.	: · · · · ·	. Honon	0729430	
STREET ADDRESS	1663 MOUND ST.		( ) ( ) ( ) ( ) ( ) ( )	., .,	1500000 1500000000000000000000000000000	-80038-025	150.0
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IN THIS SPACE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the infinitional finition of 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 of the corporation or the receiver or trustee epopularies to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or I	
	ar airector
changed, or on an attachment with an address, with all other like empowered.	

SIGNATURE: \_

TITLE

NAME STREET ADDRESS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NAME STREET ADORESS CITY - ST-ZIP

CITY-ST-ZIP

COX, KIMBERLY M.

SARASOTA, FL

1663 MOUND STREET

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-07 (941) 365-7891

Daylime Phor