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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 557441

1. Corporation Name

INTEGRATED LIVING COMMUNITIES OF SARASOTA, INC.

Principal Place of Business 4540 BEE RIDGE RD SARASOTA FL 34233 US	Mailing Address 5327 N SHERIDAN RD #100 CHICAGO IL 60640 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 111 E. Wacker Dr.		01/17/1978	
22 City & State		27 Suite 2400		4. FEI Number	
23 Zip		28 Chicago, IL		59-1835706	
24 Country		29 60601		Applied For	
		30 USA		Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
CT CORPORATION SYSTEM 1200 SO PINE ISL RD PLANTATION FL 33324				7	
				8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	
NAME	NEIDICH, DANIEL N	1.2 NAME	
STREET ADDRESS	85 BROAD STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10004	1.4 CITY-ST-ZIP	
TITLE	VST	2.1 TITLE	
NAME	KLINGHER, MICHAEL K	2.2 NAME	
STREET ADDRESS	85 BROAD STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10004	2.4 CITY-ST-ZIP	
TITLE	VSGC	3.1 TITLE	
NAME	LEVY, STEPHEN	3.2 NAME	
STREET ADDRESS	85 BROAD STREET	3.3 STREET ADDRESS	111 E. Wacker Dr., Suite 2400
CITY-ST-ZIP	NEW YORK NY 10004	3.4 CITY-ST-ZIP	Chicago, IL 60601
TITLE	VST	4.1 TITLE	
NAME	O'BRIEN, ELISABETH A	4.2 NAME	
STREET ADDRESS	85 BROAD STREET	4.3 STREET ADDRESS	Kevin D. Naughton
CITY-ST-ZIP	NEW YORK NY 10004	4.4 CITY-ST-ZIP	85 Broad Street
TITLE	D/V	5.1 TITLE	
NAME	ROTHENBERG, STUART M	5.2 NAME	
STREET ADDRESS	85 BROAD STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10004	5.4 CITY-ST-ZIP	
TITLE	V/S	6.1 TITLE	
NAME	KAPLAN, WILLIAM B	6.2 NAME	
STREET ADDRESS	5327 N SHERIDAN RD #100	6.3 STREET ADDRESS	111 E. Wacker Dr., Suite 2400
CITY-ST-ZIP	CHICAGO IL 60640	6.4 CITY-ST-ZIP	Chicago, IL 60601

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: by: Stephen J. Levy 4/26/99 (312) 673-4333
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR