


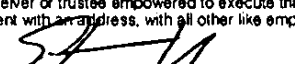
# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

07-02-2007 90035 003 \*\*\*\*61.25  
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TAMASSEE, FLORIDA

<b>DOCUMENT #755577</b>			
1. Entity Name <b>THE JOHN D. MACARTHUR PARK CONSERVATION CORPORATION, INC.</b>			
Principal Place of Business <b>140 SO. DEARBORN STREET SUITE 1200 CHICAGO, IL 60603</b>		Mailing Address <b>140 SO. DEARBORN STREET SUITE 1200 CHICAGO, IL 60603</b>	
c/o Steven Cohen, Holland & Knight LLP			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>222 Lakeview Avenue</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Suite 1000</b>	
City & State		City & State <b>W. Palm Beach, Florida</b>	
Zip	Country	Zip	Country
<b>33401</b>	<b>USA</b>	<b>33401</b>	<b>USA</b>
4. FEI Number <b>36-3127901</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>JOHN D. MACARTHUR PARK CONSERVATION CORPORATION 140 SO. DEARBORN STREET SUITE 1200 CHICAGO, IL 60603</del> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D Steven Cohen, Holland &amp; Knight LLP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>222 Lakeview Avenue, Suite 1000</b> <b>West Palm Beach, FL 33401</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D EISSEY, EDWARD</b> <input type="checkbox"/> Delete <b>118 CRUISER ROAD NORTH</b> <b>NORTH PALM BEACH, FL 33408</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>WEINSTEIN, RICHARD S</del> <input type="checkbox"/> Delete <b>150 BRADLEY PLACE</b> <b>PALM BEACH, FL 33480</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DP Weinstein, Richard S.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>150 Bradley Place</b> <b>Palm Beach, FL 33480</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D MARCUS, KAREN T</b> <input type="checkbox"/> Delete <b>301 NORTH OLIVE AVENUE</b> <b>WEST PALM BEACH, FL 33401</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DST HARRIS, DAVID L</b> <input type="checkbox"/> Delete <b>550 HERITAGE DR., STE. 160</b> <b>JUPITER, FL 33458</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>JOHN D. MACARTHUR PARK CONSERVATION CORPORATION 140 SO. DEARBORN STREET SUITE 1200 CHICAGO, IL 60603</del> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered			
SIGNATURE: 		Date <b>6-27-07</b> (61) 650-8360	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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