


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2005 08:00 AM
Secretary of State

DOCUMENT # F00000000521 1. Entity Name TMT LAKERIDGE AT THE MOORS, INC.	
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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
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DO NOT WRITE IN THIS SPACE



01312005 No Chg-P CR2E034 (10/03)

4. FEI Number 94-3346457	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____


FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD COOK, ROBERT J 875 NORTH MICHIGAN AVE. 41ST FLOOR CHICAGO, IL 606111901
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V COLE, ELIZABETH S 320 PARK AVE STE 1700 NEW YORK, NY 100226815
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CASELLINI, MARLENA M 875 N. MICHIGAN AVE. 41 FLOOR CHICAGO, IL 606111901
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FERKULL, PAULA M 875 N. MICHIGAN AVE., 41ST FL. CHICAGO, IL 60611
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LEITNER, CHARLES B III 320 PARK AVE STE 1700 NEW YORK, NY 100226815
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V STEPPE, STEPHEN M 101 CALIFORNIA ST 26TH FLOOR SAN FRANCISCO, CA 941115853

02/23/05-80021-012 150.00

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Robert J. Cook, President 2/2/05 312-266-9300

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