2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2006 8:00 am
Secretary of State
02-07-2006 90028 018 ***150.00

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1. Entity Name
TMT LAKERIDGE AT THE MOORS, INC.

Principal Place of Business	Mailing Address
ATTN: S. MCCLINTOCK 875 NORTH MICHIGAN AVE., 41ST FLOOR CHICAGO, IL 60611-1901	ATTN: S. MCCLINTOCK 875 NORTH MICHIGAN AVE., 41ST FLOOR CHICAGO, IL 60611-1901

01062006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 94-3346457 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD COOK, ROBERT J 875 NORTH MICHIGAN AVE. 41ST FLOOR CHICAGO, IL 606111901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Leitner, Charles B. – VP 280 Park Ave, 40th Flr. New York, NY 100171270	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V COLE, ELIZABETH S 320 PARK AVE STE 1700 NEW YORK, NY 100226815	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Cole, Elizabeth S. – VP 280 Park Ave, 40th Flr. New York, NY 100171270	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CASELLINI, MARLENA M 875 N. MICHIGAN AVE. 41 FLOOR CHICAGO, IL 606111901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	McClintock, Susan E. – AVP & S 875 N. Michigan Ave, 41st Flr. Chicago, IL 606111901	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FERKULL, PAULA M 875 N. MICHIGAN AVE., 41ST FL. CHICAGO, IL 60611	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V LEITNER, CHARLES B III 320 PARK AVE STE 1700 NEW YORK, NY 100226815	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V STEPPE, STEPHEN M 101 CALIFORNIA ST 26TH FLOOR SAN FRANCISCO, CA 941115853	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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 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: Susan E McClintock
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #