## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

## FILED Apr 30, 2004 8:00 am Secretary of State

DOCUMENT # F0000002657  1. Entity Name MARQUESA APT. CORP.									04-30-	2004 903	22 043 ***1	50.00										
Principal Place of Business Mailing Address  180 NORTH LASALLE 180 NORTH LASALLE CHICAGO, IL 60601 CHICAGO, IL 60601								) ( <b>66</b> ) (m# 1)		I		P## 11 (##)										
Principal Place of Business     A. Mailing Address								<b>         </b>														
191 N.	Wacker	191 N.	191 N. Wacker Drive				I TRUITED III	L MASIL WEIST WEIST NAS	II SBIII SBIII BB	ISM SAMEM MYTMY MSYTE IM¶												
Suite, Apt. #, etc. <b>2500</b>			2500, c	Suite, Apt. #, etc. 2500, c/o Gail Carey				03232004	Chg-P	CR	2E034 (10/03)											
City & State Chicago		City & Sta	City & State Chicago, Illinois				4. FEI Numb 36-436	-		) <del>- 1</del>	plied For t Applicable											
Zip 60606				Zip Coun <b>USA</b>			5. Certificate of Status Des			CR 75 Additional												
	6. Name		Registered Agent			7. Name and Address of New Registered Agent																
C T CORPORATION SYSTEM																						
1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324						Street Ac	t Address (P.O. Box Number is Not Acceptable)															
,,																						
						City					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 Signisture, typeu or printed name of repistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE																						
FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May 8e  Trust Fund Contribution. Added to Fees																						
10.								ADDITIONS	L /CHANGES TO	OFFICERS /	AND DIRECTORS	S IN 11										
MILE	PD Defete FAWCETT, DWIGHT					=					Mange Change	Addition										
NAME STREET ADDRESS	ì	TH LASALLE		NAME STREET ADDRESS 191			191	N. Wacker Dr., Suite 2500														
CITY-S1-ZiP		D, IL 60601					Chic	cago, II	60606													
TITLE NAME	V Delete EDELMAN, HOWARD J				TITLI	J					Change	Addition										
STREET ADDRESS	180 NORTH LASALLE					ET ADDRESS			er Dr.,	Suite	2500	}										
CITY-ST-ZIP						-SI-ZIP	Chic	cago, II	60606		M Change	Addition										
NAME	S LI Delete TITL KATZ, STUART						101	17 TY 1		d												
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS -ST-ZIP	l .															
TITLE	TD .			☐ Delete	TITLI			-0-3 -1			Change	Addilion										
NAME STREET ADDRESS	SMITH, ROGER 180 NORTH LASALLE STI					ET ADDRESS	191	N. Wack	er Dr.,	Suite	2500											
CITY-ST-ZIP						-ST-ZIP		cago, II														
TITLE				☐ Delete	TITLI	ì					☐ Change	☐ Addition										
NAME STREET ADDRESS					1	EET ADDRESS																
CITY-ST-ZIP						-ST-ZiP																
TITLE NAME	}		1	Delete	TITL						Change	☐ Addition										
STREET ADDRESS					STRE	ET ADDRESS																
CITY-ST-ZIP	certify that the	e information supplied w	ith this filing door	not qualify to		-ST-ZIP	ed in Sa	otion 119.07/2	(i) Florida State	itae Lfurther	cartify that the	nformation										
12. Thereby 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 received 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 vitit an address, with a other like empowered.																						
SIGNAT	TURE: _	SIGNATINE AND TYPED	DOMEST NAME OF	HOMBO OFFICE	AR DIREC	77fb			4/15/04		SIGNATURE: SIGNATURE AND TYPED OF PRATED NAME OF SIGNING OFFICER OR DIRECTOR 1016 Date Davison From #											