


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 08:00 AM
Secretary of State

DOCUMENT # F00000002781 1. Entity Name IVESDAIRY II CORP.	
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Principal Place of Business 222 SOUTH RIVERSIDE PLAZA, SUITE 1450 CHICAGO, IL 60606	Mailing Address 222 SOUTH RIVERSIDE PLAZA, SUITE 1450 CHICAGO, IL 60606
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DO NOT WRITE IN THIS SPACE



02132004 No Chg-P CR2E034 (10/03)

4. FEI Number 36-4353422	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

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B. 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, 2004 Fee will be \$550.00

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

U00000101613
 04/02/04 80020 012 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD KORZEN, BRADFORD 5750 WILSHIRE BLVD. LOS ANGELES, CA 90036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ELOWE, JEFFREY S 222 SOUTH RIVERSIDE PLAZA, SUITE 1450 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AV BURJEK, EDWARD 222 SOUTH RIVERSIDE PLAZA, SUITE 1450 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS BERGER, STEPHEN L TWO NORTH LASALLE STREET, SUITE 2200 CHICAGO, IL 60602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  _____ Date _____ Daytime Phone # _____