
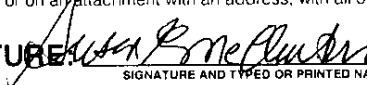


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90010 033 ***150.00

DOCUMENT # F00000005762 1. Entity Name TMT POINTE AT CRYSTAL LAKE, INC.					
Principal Place of Business 101 CALIFORNIA STREET, 26TH FLOOR SAN FRANCISCO, CA 94111-5853			Mailing Address 875 NORTH MICHIGAN AVENUE 41 FLOOR CHICAGO, IL 60611		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 94-3366657	
Zip		Country		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				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 and assumes all the obligations of registered agent				Signature _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	VP STEEPE, STEPHEN M 101 CALIFORNIA STREET, 26TH FLOOR SAN FRANCISCO, CA 941115853	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD COOK, ROBERT J 875 NORTH MICHIGAN AVENUE, 41ST FLOOR CHICAGO, IL 606111901	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP STEPPE, STEPHEN M 101 CALIFORNIA ST. 26TH FLR SAN FRANCISCO, CA 94111	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AVPS MCCLINTOCK, SUSAN E 875 N. MICHIGAN AVE. 41ST. FLR CHICAGO, IL 606111901	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP & Secretary McClintock, Susan E. 875 N. Michigan Ave., 41st Flr. Chicago, IL 60611-1901	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MELKUS, PAUL A 875 N. MICHIGAN AVE, 41ST FLR CHICAGO, IL 606111901	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V COLE, ELIZABETH S 1815 NORTH DAYTON STREET CHICAGO, IL 60611	<input 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 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, VP & Sec. 1/24/2007 312-266-9300		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		