


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State


01-16-2008 90021 019 ***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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

40004000



01032008 Chg-P CR2E034 (12/06)

4. FEI Number 94-3366657	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	

7. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	XX COOK, ROBERT J <input type="checkbox"/> Delete
NAME	875 NORTH MICHIGAN AVENUE, 41ST FLOOR
STREET ADDRESS	CHICAGO, IL 606111901
CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> Delete
NAME	STEPPE, STEPHEN M
STREET ADDRESS	101 CALIFORNIA ST. 26TH FLR
CITY-ST-ZIP	SAN FRANCISCO, CA 94111
TITLE	VS <input type="checkbox"/> Delete
NAME	MCCLINTOCK, SUSAN E
STREET ADDRESS	875 N. MICHIGAN AVE. 41ST. FLR
CITY-ST-ZIP	CHICAGO, IL 606111901
TITLE	V <input type="checkbox"/> Delete
NAME	MELKUS, PAUL A
STREET ADDRESS	875 N. MICHIGAN AVE. 41ST FLR
CITY-ST-ZIP	CHICAGO, IL 606111901
TITLE	V <input type="checkbox"/> Delete
NAME	COLE, ELIZABETH S
STREET ADDRESS	1815 NORTH DAYTON STREET
CITY-ST-ZIP	CHICAGO, IL 60611
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DIRECTOR & PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRIAN E. MCAULIFFE
STREET ADDRESS	875 N. MICHIGAN AVE., 41ST FL
CITY-ST-ZIP	CHICAGO, IL 60611-1901
TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARLENA M. CASELLINI
STREET ADDRESS	101 CALIFORNIA ST., 26TH FL
CITY-ST-ZIP	SAN FRANCISCO, CA 94111
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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., 01/04/08, 312/266-9300**

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