


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90102 048 \*\*\*150.00

<b>DOCUMENT # F0000007119</b>				
1. Entity Name 9900 SHERIDAN, INC.				
Principal Place of Business <b>LASALLE INVESTMENT MANAGEMENT 200 EAST RANDOLPH DRIVE CHICAGO, IL 60601 US</b>		Mailing Address <b>%ALAN CLEVELAND,ESQ.-SHEEHAN,PHINNEY,BAS P.O. BOX 3701, 1000 ELM STREET MANCHESTER, NH 03105-3701 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip		Zip		Country
<b>6. Name and Address of Current Registered Agent</b>  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____				
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLUM, DIANE L 200 E RANDOLPH DR CHICAGO, IL 60606 <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	VPTD DUKE, GEORGE W 200 EAST RANDOLPH DRIVE CHICAGO, IL 60601 <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	VP INGLIS, STEVE 200 E RANDOLPH DR CHICAGO, IL 60606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT Inglis, Stephen R. 200 E. Randolph Dr. Chicago, IL 60606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLEVELAND, ALAN P ESQ P.O. BOX 3701, 1000 ELM STREET MANCHESTER, NH 031053701 <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	PD JUDGE, WADE W 200 EAST RANDOLPH DRIVE CHICAGO, IL 60601 <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	AS LAPOINTE, MATTHEW J P.O. BOX 3701, 1000 ELM STREET MANCHESTER, NH 031053701 <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.				
<b>SIGNATURE:</b> <u>Alan P. Cleveland, Esq. Secretary</u>		Date <u>1/23/2007</u>		Daytime Phone # <u>(603) 668-0300</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				

60005011



01042007 Chg-P CR2E034 (12/06)

4. FEI Number **02-0522425** Applied For Not Applicable

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