FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-09/09/02--01067--010
****550.00 ****550.00

1. Entity Name
KMC Palm Lake Apartments (Florida), Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
1996 S. Kirk Road	c/o Thomas F. Brett, II 3500 Three First National Plaza	DO NOT WRITE IN THIS SPACE
Suite, Apt. #, etc. Suite 320	Suite, Apt. #, etc.	
City & State Geneva, IL	City & State Chicago, IL	4. FEI Number 36-4455916 ☐ Applied For ☐ Not Applicable
Zip / Country 60134 / USA	Zip / Country 60602 / USA	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

City: Plantation **FL** Zip Code: 33324

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

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	C/P/D	TITLE	
NAME	Herbert Kollinger	NAME	
STREET ADDRESS	1996 S. Kirk Rd., Suite 320	STREET ADDRESS	
CITY-ST-ZIP	Geneva, IL 60134	CITY-ST-ZIP	
TITLE	T/D	TITLE	
NAME	Erich Kollinger	NAME	
STREET ADDRESS	1996 S. Kirk Rd., Suite 320	STREET ADDRESS	
CITY-ST-ZIP	Geneva, IL 60134	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	Edwin Kollinger	NAME	
STREET ADDRESS	1996 S. Kirk Rd., Suite 320	STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP	Geneva, IL 60134	CITY-ST-ZIP	
TITLE	S	TITLE	**IN THIS SPACE**
NAME	Thomas F. Brett, II	NAME	
STREET ADDRESS	3500 Three First National Plaza	STREET ADDRESS	
CITY-ST-ZIP	Chicago, IL 60602	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

13. I hereby 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas F Brett II Thomas F. Brett, II, Secretary 8/23/02 312/977-4400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #