


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 18, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F01000002607</b> 1. Entity Name KMC PALM LAKE APARTMENTS (FLORIDA), INC.	
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Principal Place of Business 1996 SOUTH KIRK STREET, SUITE 320 GENEVA, IL 60134	Mailing Address C/O THOMAS F. BRETT, III 3500 THREE FIRST NATIONAL PLAZA CHICAGO, IL 60602
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01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 36-4455916	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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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 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	U000000055472 02/18/04-80002-019 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCD KOLLINGER, HERBERT 1996 S. KIRK STREET, SUITE 320 GENEVA, IL 60134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD KOLLINGER, ERICH 1996 S. KIRK STREET, SUITE 320 GENEVA, IL 60134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KOLLINGER, EDWIN 1996 S. KIRK STREET, SUITE 320 GENEVA, IL 60134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BRETT, THOMAS F II 3500 THREE FIRST NATIONAL PLAZA CHICAGO, IL 60602
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas F. Brett II SECRETARY 2/11/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #