

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # F01000002607

1. Entity Name
KMC PALM LAKE APARTMENTS (FLORIDA), INC.



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**



01122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-4455916

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	KOLLINGER, HERBERT
STREET ADDRESS	1996 S. KIRK STREET, SUITE 320
CITY-ST-ZIP	GENEVA, IL 60134
TITLE	TD
NAME	KOLLINGER, ERICH
STREET ADDRESS	1996 S. KIRK STREET, SUITE 320
CITY-ST-ZIP	GENEVA, IL 60134
TITLE	D
NAME	KOLLINGER, EDWIN
STREET ADDRESS	1996 S. KIRK STREET, SUITE 320
CITY-ST-ZIP	GENEVA, IL 60134
TITLE	S
NAME	BRETT, THOMAS F II
STREET ADDRESS	3500 THREE FIRST NATIONAL PLAZA
CITY-ST-ZIP	CHICAGO, IL 60602
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/24/05-80179-024 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/05
Date

312-977-4879
Daytime Phone #