

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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**

FILED

06 APR 28 PM 12:51

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



04272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-4455916	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

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
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**400074508994
05/12/06--01012--009 **150.00**

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IN THIS SPACE**

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 **Thomas F. Brett, II, Secy.** **4/27/06** **312/977-4400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #