

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2006 08:00 AM
Secretary of State

DOCUMENT # F03000004667

1. Entity Name
GGP-LAKELAND, INC.



Principal Place of Business
**110 NORTH WACKER DRIVE
CHICAGO, IL 60606**

Mailing Address
**110 NORTH WACKER DRIVE
BSC R-13
CHICAGO, IL 60606**



01312006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **34-1539133** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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

Signature, typed or printed name of registered agent and 87% if applicable.

(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

03/10/06-80024-016 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MICHAELS, ROBERT A
STREET ADDRESS 110 NORTH WACKER DRIVE
CITY-ST-ZIP CHICAGO, IL 60606

TITLE DCEO
NAME BUCKSBAUM, JOHN
STREET ADDRESS 110 NORTH WACKER DRIVE
CITY-ST-ZIP CHICAGO, IL 60606

TITLE VTD
NAME FREILBAUM, BERNARD
STREET ADDRESS 110 NORTH WACKER DRIVE
CITY-ST-ZIP CHICAGO, IL 60606

TITLE VAS
NAME BAYER, JOEL
STREET ADDRESS 110 NORTH WACKER DRIVE
CITY-ST-ZIP CHICAGO, IL 60606

TITLE VAS
NAME GERN, RONALD L
STREET ADDRESS 110 NORTH WACKER DRIVE
CITY-ST-ZIP CHICAGO, IL 60606

TITLE S
NAME EISENBERG, MARSHALL E
STREET ADDRESS TWO NORTH LASALLE STREET, SUITE 2200
CITY-ST-ZIP CHICAGO, IL 60602

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BERNARD FREILBAUM

2-28-06
Date

312-560-5800
Daytime Phone #