


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 17, 2007 8:00 am
Secretary of State

05-17-2007 90036 046 ***150.00

DOCUMENT # F03000004667 1. Entity Name GGP-LAKELAND, INC.	
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Principal Place of Business 110 NORTH WACKER DRIVE CHICAGO, IL 60606	Mailing Address 110 NORTH WACKER DRIVE BSC R-13 CHICAGO, IL 60606
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DO NOT WRITE IN THIS SPACE

40115505



04182007 No Chg-P CR2E034 (11/05)

4. FEI Number 34-1539133	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MICHAELS, ROBERT A 110 NORTH WACKER DRIVE CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCEO BUCKSBAUM, JOHN 110 NORTH WACKER DRIVE CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD FREILBAUM, BERNARD 110 NORTH WACKER DRIVE CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS WILLIAMS, CAROL A 110 NORTH WACKER DRIVE CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VAS GERN, RONALD L 110 NORTH WACKER DRIVE CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS SIGAL, HOWARD 110 NORTH WACKER DRIVE CHICAGO, IL 60606

**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

4/19/07 312-960-5000

Date

Daytime Phone #