2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2006
Secretary of State

DOCUMENT# F05000004317

Entity Name: ACG SOUTH FLORIDA, INC.

Current Principal Place of Business:

1926 WAUKEGAN ROAD, SUITE ONE
GLENVIEW, IL 60025

New Principal Place of Business:

616 N. NORTH COURT
SUITE 210
PALATINE, IL 60067 81

Current Mailing Address:

1926 WAUKEGAN ROAD, SUITE ONE
GLENVIEW, IL 60025

New Mailing Address:

70 W. MADISON ST.
SUITE 3500
CHICAGO, IL 60602

FEI Number: 20-3185949 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PTD	( ) Delete
Name:	VANDENBERG, PETER	
Address:	2665 S. BAYSHORE DRIVE, 8TH FLOOR	
City-St-Zip:	MIAMI, FL 33133	
Title:	SD	( ) Delete
Name:	PHILLIPPI, WILLIAM	
Address:	ONE FINANCIAL PLAZA, #2700	
City-St-Zip:	FT. LAUDERDALE, FL 33394	
Title:	D	( ) Delete
Name:	CASSEL, JAMES S	
Address:	ONE ALHAMBRA PLAZA, #1410	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:	D	( ) Delete
Name:	BRIGHTON, ROBERT C JR.	
Address:	200 E. BROWARD BLVD.	
City-St-Zip:	FT. LAUDERDALE, FL 33301	
Title:	D	( ) Delete
Name:	BUCKMAN, ELCHA DR.	
Address:	604 CLEMATIS STREET	
City-St-Zip:	WEST PLAM BEACH, FL 334024508	
Title:	D	( ) Delete
Name:	DONNELLY, MICHAEL J	
Address:	1000 W. MCNAB ROAD	
City-St-Zip:	POMPANO BEACH, FL 33069	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SD	(X) Change ( ) Addition
Name:	WOOD, MARY	
Address:	1619 SEABREEZE BLVD	
City-St-Zip:	FT. LAUDERDALE, FL 33316	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES T. EASTERLING MR. 08/31/2006

Electronic Signature of Signing Officer or Director — Date