2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F930000000862

1. Entity Name
TK MANGROVE I, INC.



FILED Mar 29, 2004 08:00 AM Secretary of State

Principal Place of Business

C/O THOMAS J. KLUTZNICK COMPANY 900 N. MICHIGAN AVE., STE. 2050 CHICAGO, IL 60611 Mailing Address

C/O THOMAS I. KLUTZNICK COMPANY 900 N. MICHIGAN AVE., STE. 2050 CHICAGO, IL 60611

DO NOT WRITE IN THIS SPACE



02112004

No Chg-P

CR2E034 (10/03)

4. FEI Number 36-3859944

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 C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

PLANTATION, FL 33324		IIV	I IIIS SPACE
The above named entity submits this statement for the the obligations of registered agent. SIGNATURE	purpose of changing its registered office or	registered agent, or b	oth, in the State of Florida. I am familiar with, and accept
Signature, typed or primed name of registered agent and title diapplicable. (NOTE. Registered Agent signature required when reinstating)			DATE
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campalgn Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRE	CTORS		
NAME KLUTZNICK, THOMAS J STREET ADDRESS 900 NORTH MICHIGAN AVE., STE. 2 CHICAGO, IL 60611	ESS 900 NORTH MICHIGAN AVE., STE. 2050		U00000098000 03/29/04-80024-002 150.00
VS RUDOLPH, STEVEN R REET ADDRESS 900 NORTH MICHIGAN AVE., STE. 2050 CHICAGO, IL 60611_			
TITLE AS NAME MATIS, NINA B STREET ADDRESS 525 WEST MONROE ST., STE. 1600 CITY-ST-ZIP CHICAGO, IL 606613693)	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS GITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME SIREET ADDRESS CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 obdities, with altother like empowered.

STEVENE, RYDOLPH U.P. 3/24/94 3/12-2.80 -1906