2005 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # F93000005103 1. Entity Name



OAKBROOK COMMUNITIES, INC.

FILED Jan 31, 2005 8:00 am Secretary of State 01-31-2005 90049 014 ***150.00

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Principal Place of Business			Mailing Address				40008362						
DCI COMMUNITIES, INC. 1600 E. MAIN ST, STE B ST. CHARLES, IL 60174			DCI COMMUNITIES, INC. 1600 E. MAIN ST., STE B ST. CHARLES, IL 60174				! !!!!!!!!]	1 I I I I I I I I I))(8) 86)(4 81))			 	
2. Principal Place of Business		3. Mailing Address											
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01062005	(Chg-P	C	R2E034	4 (10/03)	
City & State			City & State				4. FEI Numb 36-391		5				pplied For at Applicable
Zip	Country		Zip	iry	5. Certificate of Status Desired S8.75 Additional Fee Required							ditional d	
	6. Name	Registered Agent	•	1		7. Name and	d Addr	ess of Ne	w Regis	tered Ag	jent		
		LL CORPORATION S	SYSTEM INC.	Name Street A	ddrogg /E	P.O. Box Numb	or in N	lot Aggant	abla)				
1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301				Sireet A	ouress (r	O. BOX NUMB	JEI IS IN	ot Accept	ablej				
INLLATING	33EE, FE	32301		City						FL	Zip Cod	e	
the obligati	named entity ions of regist	y submits this statement for ered agent.	the purpose of changing its	registere	ed office or	registere	ed agent, or bo	oth, in t	he State o	í Florida.	I am fa	niliar with,	and accept
SIGNATURE_	Signature, typed	or printed name of registered agent a	nd title il applicable. (NOTE	: Registere	d Agent signatu	ure required	when reinstating)	1			DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.0			9. Election Campai	_	icing		00 May Be ed to Fees						
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10. TITLE NAME STREET ADDRESS	VD MCARDLI 5101 CAR	OFFICERS AND I E, EDWARD J ROLINE	DIRECTORS	11. TITLE NAM STRE	E ET ADDRESS -ST-ZIP	VD MCAI 5311	ADDITIONS	OWAR LNE		OFFICER			
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receipt certify that the information supplied with this filling 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 address, with all other like empowered.

SIGNATURE:

Daytime Phone #