

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F93000005400

1. Entity Name
LO PROPERTIES, INC.



Principal Place of Business
C/O ROBIN SCHAPIRO
2 N. RIVERSIDE PLAZA- STE 600
CHICAGO, IL 60606

Mailing Address
C/O ROBIN SCHAPIRO
2 N. RIVERSIDE PLAZA- STE 600
CHICAGO, IL 60606

FILED
04 JAN 23 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01122004 No Chg-P CR2E034 (10/03)

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4. FEI Number
36-3787970

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES STREET
SUITE 105
TALLAHASSEE, FL 32301

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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 _____ (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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZELL, SAMUEL 2 N. RIVERSIDE PLAZA CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVA LIEBENTRITT, DONALD J 2 NORTH RIVERSIDE PLAZA CHICAGO, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TINKLER, PHILIP 2 N RIVERSIDE PLAZA CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TOURAS, GEORGE C 2 N RIVERSIDE PLAZA CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PAOLUCCI, JOSEPH M 2 NORTH RIVERSIDE PLAZA CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MCFARLAND, LUCILLE 2 N RIVERSIDE PLAZA CHICAGO, IL 60606

900027525759
01/23/04--01061--032 **150.00

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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 address, with all other like empowered.

SIGNATURE: Donald J. Liebentritt, Vice President 1/12/2004 312/466-3380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #