


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2006 8:00 am**  
**Secretary of State**

02-22-2006 90018 015 \*\*\*150.00

<b>DOCUMENT # F94000000958</b> 1. Entity Name JMB/NORTHERN REAL ESTATE FUND, INC.					
Principal Place of Business 191 N. WACKER DR., STE 2500 CHICAGO, IL 60606 US			Mailing Address 191 N. WACKER DR., STE 2500 CHICAGO, IL 60606 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 36-3652846	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAEYS, JEROME J III		NAME		
STREET ADDRESS	191 N. WACKER DR., STE 2500		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL 60606		CITY-ST-ZIP		
TITLE	DEV	<input type="checkbox"/> Delete	TITLE	EV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOGNARELLI, MAURY R		NAME		
STREET ADDRESS	191 N. WACKER DR., STE 2500		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL 60606		CITY-ST-ZIP		
TITLE	DEVS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCARTHY, THOMAS D		NAME		
STREET ADDRESS	191 NORTH WACKER DR STE 2500		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL 60606		CITY-ST-ZIP		
TITLE	VAS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAREY, GAIL		NAME		
STREET ADDRESS	191 NORTH WACKER DRIVE STE 2500		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL 60606		CITY-ST-ZIP		
TITLE	TEVA	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, ROGER E		NAME		
STREET ADDRESS	191 N. WACKER DR., STE 2500		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL 60606		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUDGIN, MARY K		NAME		
STREET ADDRESS	191 NORTH WACKER DRIVE STE 2500		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL 60606		CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> <i>Gail Carey</i> <i>Gail Carey</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/15/06 312/541-2767 <small>Date Daytime Phone #</small>		