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

2006 I	ANNUAL REPORT	ALIUN

ANNOAL REPORT							Secretary or State					
DOCUMENT # F9400000958 1. Entity Name JMB/NORTHERN REAL ESTATE FUND, INC.							02-22-2006 9	-				
Oringinal Plac	o of Business	•	Moiling	Address		1		∫ પ્રુપ	· ·			
Principal Place of Business 191 N. WACKER DR., STE 2500 191 N. WACKER DR., STE CHICAGO, IL 60606 US CHICAGO, IL 60606 US				TE 2500 US)	:		I ITIN BIRK BENI BRIK REI	ii 46 111 46 111 8 1	1210 10121 C1181 101		
2. Principal P	lace of Busin	ess	3. Maili	ng Address								
Suite, Apt.	#, etc.		Suite	, Apt. #, etc.	-			01062006	Chg-P	CR2E	34 (11/05)	
City & State	0		City 8	\$ State				4. FEI Number 36-365				plied For t Applicable
Zíp		Country	Zip		Coun	try		5. Certificate	of Status Desired		\$8.75 Add Fee Required	
	6. Name	and Address of Current	Registered	Agent	1	[7. Name and	Address of New R	legistered .	Agent	
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324						Name Street Address (P.O. Box Number is Not Acceptable)						
						City					Zin Corte	
		-				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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.												
10.		OFFICERS AND	DIRECTOR	RS	11.			ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11
TITLE	D			☐ Delete	TITL						☐ Change	☐ Addition
NAME	CLAEYS,	JEROME J III			NAM	E	٠,	• •				
STREET ADDRESS	191 N. WACKER DR., STE 2500 str					ET ADDRESS	ŀ					
CITY-ST-ZIP), IL 60606			CITY	-ST-ZIP					<u></u>	
TITLE	DEV	EL () 144 LIGHT B		Delete	TITLE	-	EV				🗷 Change	Addition
NAME STREET ADDRESS	l	ELLI, MAURY R ACKER DR., STE 2500			NAM	e Et address						
CITY-ST-ZIP	1), IL 60606	,			-ST-ZIP						
TITLE	DEVS			☐ Delete	TITLE						☐ Change	☐ Addition
NAME	ı	HY, THOMAS D			NAM		-					1
STREET ADDRESS CITY-ST-ZIP	1	TH WACKER DR STE : D, IL 60606	2500			ET ADDRESS -ST-ZIP						
TITLE	VAS			☐ Delete	TITLE						Change	Addition
NAME .	CAREY, C	SAIL			NAM							
STREET ADDRESS CITY-ST-ZIP	l	TH WACKER DRIVE S), IL 60606	TE 2500			ET ADORESS - ST- ZIP						
TITLE NAME	TEVA SMITH, R	OGER E		☐ Delete	TITLE						Change	Addition
STREET ADDRESS	i	ACKER DR., STE 2500)			ET ADDRESS						
CITY-ST-ZIP	ł .), IL 60606				-ST-ZIP						1
TITLE NAME	PD LUDGIN, I	MARY K		☐ Delete	TITL				111		Change	Addition
STREET ADDRESS		MART K TH WACKER DRIVE S	TE 2500			et adoress						
CITY-ST-ZIP), IL 60606	n this filles	dono not qualify fo		-ST-ZIP		d in Chapter 116) Elevido Ctatutas I	L further an	uih, shas sha is	- Incompting
12. I hereby certify that the information supplied with this filling 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.												
SIGNATURE: Sul Cover 3115/06 311541-4767 AUGMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #												