

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90120 043 \*\*\*150.00

<b>DOCUMENT # F94000000959</b>					
<b>1. Entity Name</b> ENDOWMENT AND FOUNDATION REALTY, LTD. -- JMB-IV, INC.					
<b>Principal Place of Business</b> 191 N. WACKER DRIVE 2500 CHICAGO, IL 60606 US			<b>Mailing Address</b> 191 N. WACKER DRIVE 2500 CHICAGO, IL 60606 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 03282005 Chg-P CR2E034 (10/03) 36-3576094	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324					
<b>7. Name and Address of New Registered Agent</b>					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City					
State <b>FL</b> Zip Code					
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable. DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		
<b>\$5.00 May Be Added to Fees</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> DC	<b>NAME</b> CLAEYS, JEROME J III	<input type="checkbox"/> Delete	<b>TITLE</b> D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 191 N. WACKER DR, STE 2500	<b>CITY-ST-ZIP</b> CHICAGO, IL 60606		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b> MGRD	<b>NAME</b> LUDGIN, MARY K	<input type="checkbox"/> Delete	<b>TITLE</b> DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 191 N. WACKER DR, STE 2500	<b>CITY-ST-ZIP</b> CHICAGO, IL 60606		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b> DEVP	<b>NAME</b> MCCARTHY, THOMAS D	<input type="checkbox"/> Delete	<b>TITLE</b> DEVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 191 N. WACKER DR, STE 2500	<b>CITY-ST-ZIP</b> CHICAGO, IL 60606		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b> DEVP	<b>NAME</b> TOGNARELLI, MAURY R	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 191 N. WACKER DR, STE 2500	<b>CITY-ST-ZIP</b> CHICAGO, IL 60606		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b> AVP	<b>NAME</b> ODLAND, SUSAN K	<input checked="" type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 191 N. WACKER DR, STE 2500	<b>CITY-ST-ZIP</b> CHICAGO, IL 60606		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b> VPS	<b>NAME</b> CAREY, GAIL	<input type="checkbox"/> Delete	<b>TITLE</b> VAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 191 N. WACKER DR, STE 2500	<b>CITY-ST-ZIP</b> CHICAGO, IL 60606		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Gail Carey</i>			3/31/05 312/541-6767		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		