2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# F94000003983

Entity Name: SNOWBIRDLAND VISTAS, INC.

Current Principal Place of Business:

C/O DAVID W. FELL
TWO NORTH RIVERSIDE PLAZA, STE 800
CHICAGO, IL 60606

New Principal Place of Business:

Current Mailing Address:

C/O DAVID W. FELL
TWO NORTH RIVERSIDE PLAZA, STE 800
CHICAGO, IL 60606

New Mailing Address:

FEI Number: 36-3967305 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEXIS DOCUMENT SERVICES INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DVPT ( ) Delete
Name: OBUCHOWSKI, SUSAN
Address: 2 N. RIVERSIDE PLAZA
City-St-Zip: CHICAGO, IL 60606

Title: DP ( ) Delete
Name: GREENBERG, ARTHUR A
Address: 2 N. RIVERSIDE PLAZA
City-St-Zip: CHICAGO, IL 60606

Title: D ( ) Delete
Name: ZOELLER, JOHN
Address: TWO N RIVERSIDE PLAZA, SUITE 600
City-St-Zip: CHICAGO, IL 60606

Title: AVPS ( ) Delete
Name: SCHULTZ, GENEVIEVE
Address: 2 N. RIVERSIDE PLAZA #800
City-St-Zip: CHICAGO, IL 60606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GENEVIEVE SCHULTZ AVPS 05/01/2008

Electronic Signature of Signing Officer or Director Date