

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 06 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F95000006039 (0)**

1. Corporation Name  
**GGP-PEMBROKE LAKES, INC.**



Principal Place of Business Mailing Address  
**55 W. MONROE ST., 31ST FL.**  
**CHICAGO IL 60603**  
**C/O HOMART DEV CO**  
**55 W. MONROE STREET #3100**  
**CHICAGO IL 60603-5001**  
**US**

3. Date Incorporated or Qualified <b>12/12/1995</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>36-4064302</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29 30

9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**1201 HAYS STREET**  
**SUITE 105**  
**TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS

TITLE	DVT	<input type="checkbox"/> DELETE
NAME	FREIBAUM, BERNARD	
STREET ADDRESS	55 W. MONROE, 31ST FL.	
CITY - ST - ZIP	CHICAGO IL 60603	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	BUCKSBAUM, JOHN	
STREET ADDRESS	55 W. MONROE, 31ST FL.	
CITY - ST - ZIP	CHICAGO IL 60603	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	MICHAELS, ROBERT A	
STREET ADDRESS	55 W. MONROE, 31ST FL.	
CITY - ST - ZIP	CHICAGO IL 60603	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	BAYER, JOEL	
STREET ADDRESS	55 W. MONROE, 31ST FL.	
CITY - ST - ZIP	CHICAGO IL 60603	
TITLE	S	<input type="checkbox"/> DELETE
NAME	EISENBERG, MARSHALL E	
STREET ADDRESS	2 N. LASALLE, STE. 2100	
CITY - ST - ZIP	CHICAGO IL 60602	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BATESOLE, JON E.	
STREET ADDRESS	55 W. MONROE STE 3100	
CITY - ST - ZIP	CHICAGO IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Richards, Stanley	
1.3 STREET ADDRESS	55 W. Monroe 31st FL	
1.4 CITY - ST - ZIP	Chicago, IL 60603	
2.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Chupack, Edward	
2.3 STREET ADDRESS	55 W. Monroe, 31st Fl.	
2.4 CITY - ST - ZIP	Chicago, IL 60603	
3.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Schippel, John	
3.3 STREET ADDRESS	55 W. Monroe 31st Fl.	
3.4 CITY - ST - ZIP	Chicago, IL 60603	
4.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Williams, Carol	
4.3 STREET ADDRESS	55 W. Monroe, 31st Fl.	
4.4 CITY - ST - ZIP	Chicago, IL 60603	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bernard Freibaum      4/22/97      (312) 551-5164  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/96)