


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

FILED
Jun 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F 97000001097 1. Corporation Name Integrated Living Communities of Jacksonville Beach, Inc.			
Principal Place of Business 1320 Roberts Drive Jacksonville Beach, FL 32250		Mailing Address 5327 N. Sheridan Rd. Suite 100 Chicago, IL 60640	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 5327 N. Sheridan Rd. 27 Suite, Apt. #, etc. 100 27 City & State Chicago, IL 28 Zip Country 29 60640 30 USA	
3. Date Incorporated or Qualified 2/5/97		4. FEI Number 59-3425878	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent C-T Corporation System 1200 South Pine Island Road Plantation, FL 33324		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 40002350924 83 City, State, Zip 06/06/98 01049-014 ***558.75 84 City FL 85 Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	P/D/C <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Edward J. Komp	1.2 NAME	Daniel N. Neidich
STREET ADDRESS	24850 Old 41 Rd., #10	1.3 STREET ADDRESS	85 Broad Street
CITY-ST-ZIP	Bonita Springs, FL 34135-7022	1.4 CITY-ST-ZIP	New York, NY 10004
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V/S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lawrence P. Cirka	2.2 NAME	Michael K. Klingher
STREET ADDRESS	24850 Old 41 Rd. #10	2.3 STREET ADDRESS	85 Broad Street
CITY-ST-ZIP	Bonita Springs, FL 34135-7022	2.4 CITY-ST-ZIP	New York, NY 10004
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	V/S/LC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles Laverly	3.2 NAME	Stephen Levy
STREET ADDRESS	24850 Old 41 Rd. #10	3.3 STREET ADDRESS	5327 North Sheridan Road, Suite 100
CITY-ST-ZIP	Bonita Springs, FL 34135-7022	3.4 CITY-ST-ZIP	Chicago, IL 60640
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	V/S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lisa Merritt	4.2 NAME	Elizabeth A. O'Brien
STREET ADDRESS	24850 Old 41 Rd. #10	4.3 STREET ADDRESS	85 Broad Street
CITY-ST-ZIP	Bonita Springs, FL 34135-7022	4.4 CITY-ST-ZIP	New York, NY
TITLE	V/T/CE <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D/V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Poole	5.2 NAME	Stuart M. Rothenberg
STREET ADDRESS	24850 Old 41 Rd. #10	5.3 STREET ADDRESS	85 Broad Street
CITY-ST-ZIP	Bonita Springs, FL 34135-7022	5.4 CITY-ST-ZIP	New York, NY 10004
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	V/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Elkins	6.2 NAME	William B. Kaplan
STREET ADDRESS	24850 Old 41 Rd. #10	6.3 STREET ADDRESS	5327 North Sheridan Road, Suite 100
CITY-ST-ZIP	Bonita Springs, FL 34135-7022	6.4 CITY-ST-ZIP	Chicago, IL 60640
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: Stuart M. Rothenberg Vice President 5/26/98 (773) 878-6333