

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90027 031 \*\*\*150.00

**DOCUMENT # F97000002914**

1. Entity Name

LAKEVIEW CALUSA CORPORATION



Principal Place of Business

155 N PFINGSTEN  
360  
DEERFIELD, IL 60015

Mailing Address

155 N PFINGSTEN  
360  
DEERFIELD, IL 60015

**DO NOT WRITE IN THIS SPACE**



01052004

No Chg-P

CR2E034 (10/03)

4. FEI Number

36-4131918

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
526 E. PARK AVENUE  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PATTIS, HOWARD E
STREET ADDRESS	155 N PFINGSTEN 360
CITY-ST-ZIP	DEERFIELD, IL 60015
TITLE	VSTD
NAME	KOHL, ROBERT
STREET ADDRESS	875 N MICHIGAN AVE., STE 3245
CITY-ST-ZIP	CHICAGO, IL 60611
TITLE	AS
NAME	VINER, MICHAEL B
STREET ADDRESS	200 N LASALLE #2100 191 N WALKER, STE 1800
CITY-ST-ZIP	CHICAGO, IL 60606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT KOHL, V. PRES

1/8/04

Date

(312) 337-1177

Daytime Phone #