


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F97000003061 1. Entity Name CORAL HARBOR APARTMENTS, INC.	
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Principal Place of Business 101 CALIFORNIA STREET, 26TH FLOOR SAN FRANCISCO, CA 94111-5853	Mailing Address 875 N. MICHIGAN AVE. 41 FLOOR CHICAGO, IL 60611
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**DO NOT WRITE IN THIS SPACE**



01242005 No Chg-P CR2E034 (10/03)

4. FEI Number 94-3272410	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	<b>DO NOT WRITE IN THIS SPACE</b>
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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 reappointing)	DATE
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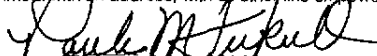
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEPPE, STEPHEN M 101 CALIFORNIA STREET, 26TH FLOOR SAN FRANCISCO, CA 941115853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FERKULL, PAULA M 875 NORTH MICHIGAN AVENUE, 41ST FLOOR CHICAGO, IL 606111901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KING, DONALD A JR 875 N MICHIGAN AVE, 41ST FLOOR CHICAGO, IL 606111901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KACHADURIAN, GARY T 875 N. MICHIGAN AVE., 41ST FL. CHICAGO, IL 606111901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COOK, ROBERT J 875 N. MICHIGAN AVE., 41ST FL CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CASELLINI, MARLENA M 101 CALIFORNIA STREET, 26 FLOOR SAN FRANCISCO, CA 941115853

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02/15/05-80001-025 150.00

**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: 	Paula M. Ferkull, Secretary	1/24/05	312-266-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #