

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90080 030 \*\*\*150.00

**DOCUMENT # F97000005728**

1. Entity Name  
OAKS MALL GAINESVILLE II, INC.



Principal Place of Business

110 N. WACKER  
CHICAGO, IL 60606

Mailing Address

110 N. WACKER  
CHICAGO, IL 60606

**DO NOT WRITE IN THIS SPACE**

4011255



04192007 No Chg-P CR2E034 (11/05)

4. FEI Number

36-4186805

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	DC
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	COOP
NAME	MICHAELS, ROBERT A
STREET ADDRESS	110 N. WACKER
CITY-ST-ZIP	CHICAGO, IL 60606
TITLE	DCEO
NAME	BUCKSBAUM, JOHN
STREET ADDRESS	110 N. WACKER
CITY-ST-ZIP	CHICAGO, IL 60606
TITLE	SCFOE
NAME	FREIBAUM, BERNARD
STREET ADDRESS	110 N. WACKER
CITY-ST-ZIP	CHICAGO, IL 60606
TITLE	VAS
NAME	GERN, RONALD
STREET ADDRESS	110 N. WACKER
CITY-ST-ZIP	CHICAGO, IL 60606
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 exemptions contained 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 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

Date

Daytime Phone #

4/26/07

312-96-5000