


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90037 034 ***150.00

DOCUMENT # F97000006095		
1. Entity Name IPERS CORAL LANDINGS SHOPPING CENTER, INC.		

Principal Place of Business 101 CALIFORNIA ST., 26TH FL. SAN FRANCISCO, CA 94111-5853	Mailing Address 875 N MICHIGAN AVE 41 FLOOR CHICAGO, IL 60611
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40010000



01032008 Chg-P CR2E034 (12/06)

4. FEI Number 94-3286668		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		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete COOK, ROBERT J. 875 N. MICHIGAN AVE., 41ST FL. CHICAGO, IL 606111901	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete VPS MCLINTOCK, SUSAN E 875 N. MICHIGAN AVE., 41ST FL. CHICAGO, IL 606111901	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR & PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BRIAN E. MCAULIFFE 875 N. MICHIGAN AVE., 41ST. FLOOR CHICAGO, IL 60611-1901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete T CASSELLINI, MARLENA M 101 CALIFORNIA ST 26 FLOOR SAN FRANCISCO, CA 941115853	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete VP MELKUS, PAUL A 875 N. MICHIGAN AVE., 41ST PL. CHICAGO, IL 606111901	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete V STEPPE, STEPHEN M 101 CALIFORNIA ST., 26TH FL. SAN FRANCISCO, CA 941115853	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	SUSAN E. MCCLINTOCK, 01/04/08, 312/266-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #