2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000002572

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

COLUMBIA, MD 21044

DEERING, ANTHONY W

COLUMBIA, MD 21044

(X) Delete

10275 LITTLE PATUXENT PKWY.

FILED May 10, 2005 Secretary of State

Entity Nan	ne: ROUSE PF	ROPERTY MANAGEMENT, INC					
Current Pr	incipal Place o	New Princ	New Principal Place of Business:				
	EPT LE PATUXENT , MD 21044	PKWY.					
Current Ma	ailing Address	New Maili	New Mailing Address:				
% OFFICE OF THE GENERAL COUNSEL 10275 LITTLE PATUXENT PKWY. COLUMBIA, MD 21044			10275 LITT	C/O TAX DEPT 10275 LITTLE PATUXENT PKWY. COLUMBIA, MD 21044			
FEI Number:	52-2067971	FEI Number Applied For ()	El Number Not Appl	icable ()	Certifica	te of Status Desired ()
Name and	Address of Cu	Name and	Name and Address of New Registered Agent:				
1201 HAYS TALLAHAS	SEE, FL 32301		pose of changing it	ts registered	d office or re	egistered agent, or	both,
SIGNATUR							
	Electronic	Signature of Registered Agent				Date	
	,	2)(b), F.S., the corporation did not re Trust Fund Contribution ().	ceive the prior notic	e.			
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	HULLINGER, ELI	ATUXENT PARKWAY	Title: Name: Address: City-St-Zip:	CFO FREIBAUM, 110 N WACH CHICAGO, II	KER DR) Addition	
Title: Name: Address: City-St-Zip:	GLEN, GORDON	ATUXENT PARKWAY	Title: Name: Address: City-St-Zip:	COO MICHAELS, 110 N WACH CHICAGO, II	KER DR) Addition	
Title: Name: Address:	LUNDQUIST, ME	Delete LANIE M ATUXENT PARKWAY	Title: Name: Address:	CEO BUCKSBAUN 110 N WACH) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

CHICAGO, IL 60606

() Change () Addition

SIGNATURE: BERNARD FREIBAUM **CFO** 05/10/2005