


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # F98000003130 1. Entity Name ORLANDO NAVAL GP CORP.	
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Principal Place of Business 200 WEST MADISON STREET, SUITE 3700 CHICAGO, IL 60606	Mailing Address 200 WEST MADISON STREET, SUITE 3700 CHICAGO, IL 60606
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02032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-4229153	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 CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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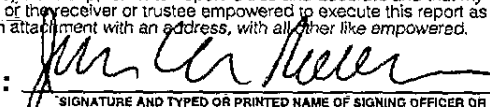
DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>
(NOTE: Registered Agent signature required when reinstating)
DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRITZKER, PENNY 200 WEST MADISON STREET, SUITE 3700 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD POORMAN, JOHN K 200 WEST MADISON STREET, SUITE 3700 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MILLER, GLEN 200 W MADISON ST, STE-2500 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LYNCH, KEVIN D 200 W. MADISON ST. 35TH FLR. CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COHEN, ROBBIN 200 W MADISON ST SUITE 3700 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PACE, DAVID 1099 BENNETT RD. ORLANDO, FL 32803

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(7), 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: 4/20/05 Daytime Phone #

John Kevin Poorman, Vice President

04/18/05