

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90147 018 ***150.00

DOCUMENT # F98000003604

1. Entity Name
LAKESHORE MANATEE, INC.



Principal Place of Business
**8833 GROSS POINT ROAD
STE 208-310
SKOKIE, IL 60077**

Mailing Address
**8833 GROSS POINT ROAD
STE 208-310
SKOKIE, IL 60077**

20057584



02242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
37-1373654

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WOLF, JOSEPH
STREET ADDRESS 8833 GROSS POINT ROAD, STE 208-310
CITY-ST-ZIP SKOKIE, IL 60077

TITLE DVT
NAME HECKTMANN, BRUCE
STREET ADDRESS 8833 GROSS POINT ROAD, STE 208
CITY-ST-ZIP SKOKIE, IL 60077

TITLE S
NAME FALK, BRADLEY M
STREET ADDRESS 10 SOUTH WACKER DRIVE, SUITE 4000
CITY-ST-ZIP CHICAGO, IL 60606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 29-2005

Date

847-626-0402

Daytime Phone #