
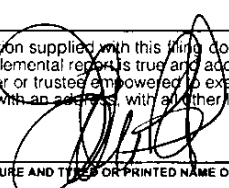


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90074 016 ***150.00

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| DOCUMENT # F98000005993 | | | |  | |
| 1. Entity Name LAKE SEMINOLE SQUARE MANAGEMENT COMPANY, INC. | | | | | |
| Principal Place of Business 111 WESTWOOD PLACE SUITE 200 BRENTWOOD, TN 37027 | | | Mailing Address 111 WESTWOOD PLACE SUITE 200 -- BRENTWOOD, TN 37027 -- | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address 330 North Wabash | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. Suite 1400 | | | |
| City & State | | City & State Chicago, IL | | 4. FEI Number 59-2922555 | |
| Zip | | Country 60611 USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. 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, 2007 Fee will be \$550.00 | | | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE CD NAME SHERIFF, W E STREET ADDRESS 111 WESTWOOD PLACE, STE 200 CITY-ST-ZIP BRENTWOOD, TN | <input type="checkbox"/> Delete | | TITLE Co-CEO/D NAME John P. Rijos STREET ADDRESS 330 North Wabash, #1400 CITY-ST-ZIP Chicago, IL 60611 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE CFO NAME RICHARDSON, BRYAN STREET ADDRESS 111 WESTWOOD PLACE, STE 200 CITY-ST-ZIP BRENTWOOD, TN 37027 | <input checked="" type="checkbox"/> Delete | | TITLE Co-President/D NAME John P. Rijos STREET ADDRESS 330 North Wabash, #1400 CITY-ST-ZIP Chicago, IL 60611 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE V NAME KAESTNER, H T STREET ADDRESS 111 WESTWOOD PLACE, STE 200 CITY-ST-ZIP BRENTWOOD, TN | <input checked="" type="checkbox"/> Delete | | TITLE CFO/D NAME Mark W. Ohlendorf STREET ADDRESS 6737 W. Washington, #2300 CITY-ST-ZIP Milwaukee, WI 53214 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE VST NAME HICKS, GEORGE T STREET ADDRESS 111 WESTWOOD PLACE, STE 200 CITY-ST-ZIP BRENTWOOD, TN | <input checked="" type="checkbox"/> Delete | | TITLE EVP/S NAME T. Andrew Smith STREET ADDRESS 111 Westwood Drive, #200 CITY-ST-ZIP Brentwood, TN 37027 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE V NAME MONEY, JAMES T STREET ADDRESS 111 WESTWOOD PLACE, STE 200 CITY-ST-ZIP BRENTWOOD, TN | <input checked="" type="checkbox"/> Delete | | TITLE EVP/T NAME Kristin A. Ferge STREET ADDRESS 6737 W. Washington, #2300 CITY-ST-ZIP Milwaukee, WI 53214 | <input checked="" 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 reports 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: By:  John P. Rijos, Co-President 04/10/07 | | | | | |
| SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |