

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-23-2007 90074 020 ***150.00

DOCUMENT # F99000005025

1. Entity Name
ALI PALMER RANCH EAST, INC.



Principal Place of Business
**6737 W WASHINGTON STREET
STE 2300 -
MILWAUKEE, WI 53214**

Mailing Address
**6737 W WASHINGTON STREET
STE 2300
MILWAUKEE, WI 53214**

40075407



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
S
City & State
Chicago, IL
Zip
60611
Country
USA

3. Mailing Address
330 North Wabash
Suite, Apt. #, etc.
Suite 1400
City & State
Chicago, IL
Zip
60611
Country
USA

01102007 Chg-P CR2E034 (12/06)

4. FEI Number
39-1973282
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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 _____
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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS FERGE, KRISTIN A 6737 W WASHINGTON STREET, STE 2300 MILWAUKEE, WI 53214	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS KRUPP-GORDON, GERI 6737 W WASHINGTON STREET, STE 2300 MILWAUKEE, WI 53214	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAS OHLENDORF, MARK W 6737 W WASHINGTON STREET, STE 2300 MILWAUKEE, WI 53214	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHULTE, MARK J 330 N. WABASH AVENUE, SUITE 1400 CHICAGO, IL 60611	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS PASKIN, DEBORAH C 330 N. WABASH AVENUE, SUITE 1400 CHICAGO, IL 60611	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V YOUNG, R. STANLEY 330 N. WABASH AVENUE, SUITE 1400 CHICAGO, IL 60611	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP/T T. Andrew Smith 111 Westwood Drive, #200 Brentwood, TN 37027	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP/ S T. Andrew Smith 111 Westwood Drive, #200 Brentwood, TN 37027	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Co-President/D John P. Rijos 330 North Wabash, #1400 Chicago, IL 60611	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Co-CEO/D W.E. Sheriff 111 Westwood Drive, #200 Brentwood, TN 37027	<input checked="" 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: By: John P. Rijos, Co-President, 04/10/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #