07/21/2004 03:00 8472762992

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Jul 28, 2004 8:00 am
Secretary of State
07-28-2004 90022 030 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F99000005119

1. Entity Name
SOUTHERN OAKS APARTMENTS CORPORATION

44050221

Principal Place of Business	Mailing Address
C/O LAING [redacted] TAMPA, FL 33613	C/O LAING [redacted] DEKALB, IL 60115

07212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 36-4289764 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

LAING, CHARLES W
[redacted]
TAMPA, FL 33613

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 _____

FILE NOW!!! FEE IS $150.00
Due by September 1, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	LAING, CHARLES W
STREET ADDRESS	701 LUCINDA AVE
CITY-ST-ZIP	DEKALB, IL 60115
TITLE	V
NAME	[redacted]
STREET ADDRESS	2766 COUNTRY CLUB LANE
CITY-ST-ZIP	DEKAULB, IL 60115
TITLE	S
NAME	LAING, CHARLES
STREET ADDRESS	701 LUCINDA AVE
CITY-ST-ZIP	DEKALB, IL 60115
TITLE	T
NAME	BAHEN, PATRICIA A
STREET ADDRESS	[redacted]
CITY-ST-ZIP	SYCAMORE, IL 60178
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Patricia A. Bahen 7/21/04

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date

Attachment

H05022 1
#F99000005119

301 E. Half Day Road (Rt. 22) • Buffalo Grove, IL 60089
Office 847/276-2999 • Fax 847/276-2992 • Toll Free 866/673-5666

July 21, 2004

Florida Department of State
Secretary of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Southern Oaks Apartments Corporation

Gentlemen:

Regarding our client mentioned above, we are enclosing the annual report and payment for $150.00.

We are respectfully requesting that the $400 late fee be waived, as we just received the notice this month, and prior to that, received no other notice. Thank you in advance for your attention to this request.

Sincerely,

Lisa Wolfson Jones
Certified Public Accountant