

FILED
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

Principal Place of Business

C/O LAING
 13553 N 15TH ST
 TAMPA, FL 33613

Mailing Address

C/O LAING
 701 LUCINDA AVE
 DEKALB, IL 60115

44050221

DO NOT WRITE IN THIS SPACE

07212004 No Chg-P CR2E034 (10/03)

4. FIC Number
 38-4289764

Annual Fee

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

2. Name and Address of Current Registered Agent

LAING, CHARLES W
 13553 N 15TH
 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 or registered agent.

SIGNATURE

**FILE NOW! FEE IS \$150.00
 Due by September 8, 2004**

9. Election Campaign Financing
 Trust Fund Contribution

☐ \$5.00 May Be
 Added to Fee

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

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	LAING, CHARLES W
STREET ADDRESS	701 LUCINDA AVE
CITY-ST-ZIP	DEKALB, IL 60115
TITLE	V
NAME	ROYER, TIM
STREET ADDRESS	2788 COUNTRY CLUB LANE
CITY-ST-ZIP	DEKALB, 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	828 EDWARDS
CITY-ST-ZIP	SYCAMORE, IL 60178

**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 of this report, or in any supplemental report or address, with all other like empowered.

SIGNATURE: *Patricia A. Bahen*

7/21/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Photo

Attachment

44050221

#F 99000005119

SECTION 10, FIDUCIARY DUTY AND EMPLOYMENT SERVICE

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

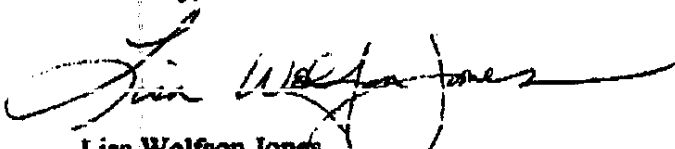
RE: Southern Oaks Apartments Corporation

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