2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P00000105075 DOCUMENT

1. Entity Name

COMMONS AT ISSAQUAH, INC.



Principal Place of Business

1801 HERMITAGE BLVD. STE 600 TALLAHASSEE FL 32308

Mailing Address

1801 HERMITAGE BLVD. STE 600

TALLAHASSEE FL 32308

2. Principal Place of	Business	3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		□ СНЕСК НЕЯ	
City & State		City & State		4. FEI Number 59-368273	
Zip	Country	Zip	Country	5. Certificate of Status Desired	

FILED Feb 17, 2003 8:00 am Secretary of State

02-17-2003 90231 004 ***150.00



☐ CHECK HERE IF MAKING CHANGES

Applied For 59-3682733 Not Applicable

\$8.75 Additional

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TODD, DAVID E 1801 HERMITAGE BLVD, STE 100 TALLAHASSEE FL 32308

Street Address (P.O. Box Number is Not Acceptable)

City

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. FILE NOW!!! FEE IS \$150.00

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing

\$5.00 May Be

After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition BENNETT, DOUGLAS W NAME NAME STREET ADDRESS 1801 HERMITAGE BLVD, STE 600 STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32308 CITY-ST-ZIP **DVAS** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SMITH, JEFFREY L NAME STREET ADDRESS 1801 HERMITAGE BLVD, STE 600 STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32308 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME GRAY, LYNNE M NAME STREET ADDRESS 1801 HERMITAGE BLVD, STE 600 STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32308 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition TOGNARELLI, MAURY NAME STREET ADDRESS 180 N. LASALLE STREET, SUITE 3400 STREET ADDRESS CITY-ST-ZIP CHICAGO IL 60601 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition BURDI, THOMAS M NAME STREET ADDRESS 180 N. LASALLE STREET, SUITE 3400 STREET ADDRESS CITY-ST-ZIP CHICAGO IL 60601 CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME SMITH, ROGER E NAME 180 N LASALLE STREET, SUITE 3400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHICAGO IL 60601 CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

Burdi. NAME OF SIGNING OFFICER OR DIRECTOR
VICE President

(312) 855-5700 Daytime Phone #

CR2E034 (10/02)