## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P00000116091**

1. Entity Name

NATIVE WOODLAND PROPERTIES, INC.



Principal Place of Business

914 ATLANTIC AVE., STE. 2E FERNANDINA BEACH, FL 32034 Mailing Address

500 NORTH DEARBORN ST., 2ND FLOOR CHICAGO, IL 60610

FILED Jan 10, 2005 08:00 AM Secretary of State



## DO NOT WRITE IN THIS SPACE

01062005 No Chg-P CR2E034 (10/03)

	FEI Number	
	59-2837351	
-		

5. Certificate of Status Desired S8.75 Additional Fee Regulard

Applied For Not Applicable

6. Name and Address of Current Registered Agent

SHROADS, JAMES L 914 ATLANTIC AVE., STE. 2E FERNANDINA BEACH, FL 32034

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the putions of registered agent.	rpose of changing its registered	office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable. (NOTE Registered A	gent signatun	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECT	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STARR, MAX 500 N. DEARBORN ST., 2ND FLOOR CHICAGO, IL 60610				000000176660 01/11/05-80006-004 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KRASNOW, HENRY C 500 N. DEARBORN ST., 2ND FLOOR CHICAGO, IL 60610				
TITLE NAME STREET ADDRESS CITY - SI - ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
NAME STREET ADDRESS CITY - ST - ZIP					
TITLE		I			

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 eath; 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:

NAME STREET ADDRESS CITY - ST - ZIP

Henry C. Krasnow STEWARD AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1/6/05

(312) 755-5700

Daytime Phone #