


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000024264 1. Entity Name HP FLORIDA/OAK FOREST, INC		
Principal Place of Business 191 W. WACKER DRIVE SUITE 2500 CHICAGO, IL 60606 US	Mailing Address 191 N. WACKER DRIVE 2500, %GAIL CAREY CHICAGO, IL 60606 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	DP TOGNARELLI, MAURY R 191 N. WACKER DR., SUITE 2500 CHICAGO, IL 60606	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	DV EDELMAN, HOWARD J 191 N. WACKER DR., SUITE 2500 CHICAGO, IL 60606	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D MCCARTHY, THOMAS 191 N. WACKER DR., SUITE 2500 CHICAGO, IL 60606	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VS KURNICK, KAREN 191 N. WACKER DR., SUITE 2500 CHICAGO, IL 60606	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	T RYAN, COLLEEN 191 N. WACKER DR., SUITE 2500 CHICAGO, IL 60606	
TITLE NAME STREET ADDRESS CITY-ST- ZIP		
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: <u>Karen K. Kurnick</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <u>Karen K. Kurnick</u> <u>2/1/06</u> <u>312-425-0477</u> <small>Date Daytime Phone #</small>		



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number 16-1656184	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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03/04/06-80008-006 150.00

**DO NOT WRITE
IN THIS SPACE**