

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90178 021 ***150.00

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1. Entity Name
SOUTH FLORIDA DEVCO, INC.



Principal Place of Business
**12 SALT CREEK LANE
SUITE 200
HINSDALE, IL 60521**

Mailing Address
**701 BRICKELL AVE
STE 3000
MIAMI, FL 33131**

DO NOT WRITE IN THIS SPACE



01242006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1769185

| |
|----------------|
| Applied For |
| Not Applicable |

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

6. Name and Address of Current Registered Agent

**INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE
STE 3000
MIAMI, FL 33131**

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD RYAN, MICHAEL J 701 BRICKELL AVENUE, SUITE 3000 MIAMI, FL 33131 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT RYAN, THOMAS E 701 BRICKELL AVENUE, SUITE 3000 MIAMI, FL 33131 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BUDDING, MARY RYAN 701 BRICKELL AVENUE, SUITE 3000 MIAMI, FL 33131 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SEYFARTH, EILEEN 701 BRICKELL AVENUE, SUITE 3000 MIAMI, FL 33131 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROONEY, THERESE RYAN 701 BRICKELL AVENUE, SUITE 3000 MIAMI, FL 33131 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D COFFEY, DONNA M. 701 BRICKELL AVENUE, SUITE 3000 MIAMI, FL 33131 |

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/06
Date

Daytime Phone #