
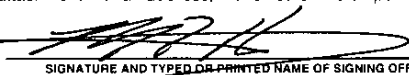


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90201 027 ***150.00

DOCUMENT # P04000157615									
1. Entity Name GARDEN WALK RESERVE CORP.									
Principal Place of Business 1637 N. MILWAUKEE AVENUE CHICAGO, IL 60647		Mailing Address 1637 N. MILWAUKEE AVENUE CHICAGO, IL 60647							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
City & State		City & State							
Zip	Country	Zip	Country	4. FEI Number 20-1909282					
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent						
SEIDER, WILLIAM M 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236			Name						
			Street Address (P.O. Box Number is Not Acceptable)						
			City						
			State FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>									
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11						
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
					PRESIDENT	MATTHEW R KINNICE	1637 N MILWAUKEE	CHICAGO IL 60647	
					SECRETARY	COLIN M. KINNICE	1637 N MILWAUKEE	CHICAGO, IL 60647	
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 if changed, or on an attachment with an address, with all other like empowered.									
SIGNATURE: 			MATTHEW R. KINNICE			4/28/05		773-252-5656	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #				