


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90063 003 ***150.00

DOCUMENT # P04000167303
 1. Entity Name
 PLANTATION RIDGE APARTMENTS, 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
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
1801 Hermitage Boulevard
 Suite, Apt. #, etc.
Suite 100
 City & State
 Zip Country



03282005 Chg-P CR2E034 (10/03)

4. FEI Number
52-2446736 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
TODD, DAVID E.
 1801 HERMITAGE BLVD., STE. 600
 TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BENNETT, DOUGLAS W.	
STREET ADDRESS	1801 HERMITAGE BLVD., STE. 600	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, JEFFREY L.	
STREET ADDRESS	1801 HERMITAGE BLVD., STE. 600	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRAY, LYNNE M.	
STREET ADDRESS	1801 HERMITAGE BLVD., STE. 600	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1801 Hermitage Boulevard, Suite 100	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1801 Hermitage Boulevard, Suite 100	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1801 Hermitage Boulevard, Suite 100	
CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tognarelli, Maury R.	
STREET ADDRESS	191 North Wacker Drive, Suite 2500	
CITY-ST-ZIP	Chicago, Illinois 60606	
TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McCarthy, Thomas D.	
STREET ADDRESS	191 North Wacker Drive, Suite 2500	
CITY-ST-ZIP	Chicago, Illinois 60606	
TITLE	TV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Smith, Roger E.	
STREET ADDRESS	191 North Wacker Drive, Suite 2500	
CITY-ST-ZIP	Chicago, Illinois 60606	

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: *Negh Conit* Date: 4/4/05 Daytime Phone #: 312-541-6769