2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000036238

Entity Name: HC FLORIDA/SUN KEY, INC.

CHICAGO, IL 60606

() Delete

Title:

Name: Address:

City-St-Zip:

FILED Apr 24, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: C/O HOWARD J. EDELMAN 191 NORTH WACKER DRIVE 191 N WACKER DR STE 2500 SUITE 2500 CHICAGO, IL 60606 CHICAGO, IL 60606 New Mailing Address: **Current Mailing Address:** C/O HOWARD J. EDELMAN 191 NORTH WACKER DRIVE 191 N WACKER DR STE 2500 SUITE 2500 CHICAGO, IL 60606 CHICAGO, IL 60606 FEI Number: 20-4533208 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition BENNETT, DOUGLAS W BENNETT, DOUGLAS W Name: Name: 191 N WACKER DR STE 2500 1801 HERMITAGE BOULEVARD, SUITE 100 Address: Address: City-St-Zip: CHICAGO, IL 60606 City-St-Zip: TALLAHASSEE, FL 32308 Title: (X) Change () Addition Title: () Delete SMITH, JEFFREY L Name: SMITH, JEFFREY L Name: 191 N WACKER DR STE 2500 1801 HERMITAGE BOULEVARD, SUITE 100 Address: Address: TALLAHASSEE, FL 32308 City-St-Zip: CHICAGO, IL 60606 City-St-Zip: Title: Title: (X) Change () Addition () Delete GRAY, LYNNE M GRAY, LYNNE M Name: Name: 191 N WACKER DR STE 2500 1801 HERMITAGE BOULEVARD, SUITE 100 Address: Address: City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: HOWARD J. EDELMAN ٧ 04/24/2007

TALLAHASSEE, FL 32308

EDELMAN, HOWARD J

CHICAGO, IL 60606

() Change (X) Addition

191 NORTH WACKER DRIVE, SUITE 2500