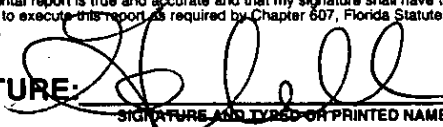


2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90336 044 ***150.00

DOCUMENT # P 22179			
1. Entity Name LANSBROOK REALTY SERVICES, INC.			
Principal Place of Business 4605 VILLAGE CENTER DRIVE PALM HARBOR, FL 34685 US		Mailing Address 4605 VILLAGE CENTER DRIVE PALM HARBOR, FL 34685 US	
2. Principal Place of Business 36330 US HWY 19 N		3. Mailing Address 200 W. MADISON STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 25TH FLOOR	
City & State PALM HARBOR, FLORIDA		City & State CHICAGO, ILLINOIS	
Zip 34684	Country US	Zip 60606	Country USA
4. FEI Number 36-2825655		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION, INC. FIRST FLORIDA BANK BLDG., #420 TALLAHASSEE, FL 32301		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.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FRIEND, ROBERT M. 4605 VILLAGE CENTER DRIVE PALM HARBOR, FLORIDA 34685 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TDV MILLER, GLEN 200 WEST MADISON STREET, 38TH FLOOR CHICAGO, ILLINOIS 60606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 200 WEST MADISON STREET, 25TH FLOOR CHICAGO, ILLINOIS 60606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S NOMURA, DAVID 200 WEST MADISON STREET, 38TH FLOOR CHICAGO, ILLINOIS 60606 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV PRITZKER, PENNY 200 WEST MADISON STREET, 38TH FLOOR CHICAGO, ILLINOIS 60606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 200 WEST MADISON STREET, 25TH FLOOR CHICAGO, ILLINOIS 60606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS POORMAN, JOHN KEVIN 200 WEST MADISON STREET, 38TH FLOOR CHICAGO, ILLINOIS 60606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 200 WEST MADISON STREET, 25TH FLOOR CHICAGO, ILLINOIS 60606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Glen Miller, Vice President, 1/19/01 (312) 750-8400	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (9/99)