


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P22357 1. Entity Name GENERAL GROWTH MANAGEMENT, INC.	
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Principal Place of Business 110 N WACKER CHICAGO, IL 60606 US	Mailing Address 110 N WACKER CHICAGO, IL 60606 US
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DO NOT WRITE IN THIS SPACE



04062004 No Chg-P CR2E034 (10/03)

4. FEI Number 42-1285297	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

**PRENTICE-HALL CORPORATION SYSTEM
1201 HAYES STREET
SUITE 105
TALLAHASSEE, FL 32301**

**DO NOT WRITE
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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000147332 05/03/04-80102-005 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO BUCKSBAUM, JOHN 110 N WACKER CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COOP MICHAELS, ROBERT A. 110 N WACKER CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BUCKSBAUM, MATTHEW 110 N WACKER CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EISENBERG, MARSHALL E 110 N WACKER CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SIGAL, HOWARD A 110 N WACKER CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVCF FREIBAUM, BERNARD 110 N WACKER CHICAGO, IL 60606

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IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Bernard Freibaum** **4-16-04** **312-960-5205**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #