


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90093 008 \*\*\*150.00

<b>DOCUMENT # P25818</b>		
1. Entity Name GGC MARSH LANDING, INC.		

Principal Place of Business FOUR EMBARCADERO SUITE # 2200 SAN FRANCISCO, CA 94111	Mailing Address FOUR EMBARCADERO SUITE # 2200-TAX DEPT SAN FRANCISCO, CA 94111
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2. Principal Place of Business - No P.O. Box # <b>500 West Monroe</b>	3. Mailing Address <b>500 West Monroe</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

05022007 Chg-P CR2E034 (12/06)

City & State <b>CHICAGO IL</b>	City & State <b>Chicago IL</b>
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Zip <b>60661</b>	Country	Zip <b>60661</b>	Country
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40113243



6. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM INC 1201 HAYES ST STE 105 TALLAHASSEE, FL 32301	
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7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO SNYDER, RORY 4 EMBARCADERO CTR #2200 SAN FRANCISCO, CA 94111 <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	AS IRVINE, IAN FOUR EMBARCADERO CTR #2200 SAN FRANCISCO, CA 94111 <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	PCFO GLENN, CURT F 4 EMBARCADERO CNTR, 2200 SAN FRANCISCO, CA <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	T HASEK, WILLIAM 500 W MONROE CHICAGO, IL 60661 <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	AS DURLESTER, BARRY FOUR EMBARCADERO CTR #2200 SAN FRANCISCO, CA 94111 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** \_\_\_\_\_ **5/10/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #