FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P38078** **(2)**

1. Corporation Name

GOLF COURSE TOWERS PARTNERS, INC.

Principal Place of Business	Mailing Address
2355 WAUKEGAN ROAD SUITE A200 BANNOCKBURN IL 60015 US	2355 WAUKEGAN ROAD SUITE A200 BANNOCKBURN IL 60015 US

3. Date Incorporated or Qualified: 03/27/1992	3a. Date of Last Report: 04/26/1995
4. FEI Number: 36-3791004	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
STE. 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 200001792992
-04/24/96--01067--016

84 City ***200.00 FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~VEO~~	☐ DELETE	1.1 TITLE	P/CEO/D	☒ Change ☐ Addition
NAME	MEADOR, THOMAS E.		1.2 NAME		
STREET ADDRESS	2355 WAUKEGAN RD., STE 200A		1.3 STREET ADDRESS		
CITY-ST-ZIP	BANNOCKBURN IL		1.4 CITY-ST-ZIP		
TITLE	~~CFO~~	☐ DELETE	2.1 TITLE	SVP/CFO/T/AS/D	☒ Change ☐ Addition
NAME	PARKER, BRIAN D		2.2 NAME		
STREET ADDRESS	2355 WAUKEGAN RD., STE A200		2.3 STREET ADDRESS		
CITY-ST-ZIP	BANNOCKBURN IL		2.4 CITY-ST-ZIP		
TITLE	SV	☒ DELETE	3.1 TITLE	SVP	☐ Change ☒ Addition
NAME	DUHIG, DANIEL A		3.2 NAME	Alan Lieberman	
STREET ADDRESS	2355 WAUKEGA RD., STE A200		3.3 STREET ADDRESS	2355 Waukegan Rd., #A200	
CITY-ST-ZIP	BANNOCKBURN IL		3.4 CITY-ST-ZIP	Bannockburn, IL 60015	
TITLE	VS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	OGLE, JERRY M		4.2 NAME		
STREET ADDRESS	2355 WAUKEGAN RD., STE A200		4.3 STREET ADDRESS		
CITY-ST-ZIP	BANNOCKBURN IL		4.4 CITY-ST-ZIP		
TITLE	EV	☒ DELETE	5.1 TITLE	SVP	☐ Change ☒ Addition
NAME	WOOD, ALLAN		5.2 NAME	John K. Powell, Jr.	
STREET ADDRESS	2355 WAUKEGAN RD., STE A200		5.3 STREET ADDRESS	2355 Waukegan Rd. #A200	
CITY-ST-ZIP	BANNOCKBURN OL		5.4 CITY-ST-ZIP	Bannockburn, IL 60015	
TITLE	SV	☐ DELETE	6.1 TITLE		☐ Change ☒ Addition
NAME	DARRAGH, ALEXANDER		6.2 NAME		
STREET ADDRESS	2355 WAUKEGAN RD., STE A200		6.3 STREET ADDRESS		
CITY-ST-ZIP	BANNOCKBURN IL		6.4 CITY-ST-ZIP		

4-24-96 JR

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jerry M. Ogle JERRY M. OGLE **Vice President and Secretary** 4-19-96 (847)267-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)