


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000067246	
1. Entity Name KEYSTONE-MIAMI PROPERTY HOLDING CORP.	

Principal Place of Business 101 CALIFORNIA ST 26TH FLOOR SAN FRANCISCO, CA 94111-853 US	Mailing Address 875 N MICHIGAN AVE 41ST FLOOR CHICAGO, IL 60611 US
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DO NOT WRITE IN THIS SPACE



01312005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0520826	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MCCLINTOCK, SUSAN E 875 N MICHIGAN AVE 41ST FLR CHICAGO, IL 60611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COOK, ROBERT J. 875 N MICHIGAN AVE, 41ST FLOOR CHICAGO, IL 60611901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DIAZ, ADOLFO J 9415 SUNSET DRIVE, SUITE 226 MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FERKULL, PAULA M. 875 N MICHIGAN AVE, 41ST FLOOR CHICAGO, IL 60611901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CASELLINI, MARLENA M 101 CALIFORNIA ST 26TH FLR SAN FRANCISCO, CA 941115853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROSSMAN, JAMES H JR. 5 NORTH FIFTH STREET, 5TH FLOOR HARRISBURG, PA 17101

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02/23/05-80021-010 150.00

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 	Susan E. McClintock, Asst. Sec. 2/2/05 312-266-9300
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>