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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000068638

1. Entity Name



FILED

04 APR 22 PM 3: 06

MONTE VISTA ORLANDO, INC.						SECRETARY OF STATE TALLAHASSEL FLORIDA		
	OO NOT WRITE	IN THIS S	PAC					
2. Principal Place of Business 125 Summer Street		3. Mailing Address One California Street					,	
Suite, Apt. #, etc. #1270		Suite, Apt. #, etc. #1400				DO NOT WRITE IN THIS SI	PACE 04	
City & State Boston, MA		City & State San Francisco, CA			4. FE	Number 69-3397353	Applied For Not Applicable	
Zip 02110-1	Country 616 US	Zip 94111-5415	Count	ry	5 . Ce		68.75 Additional ee Required	
				Name		ne and Address of Current Registered	Agent	
DO NOT WRITE IN THIS SPACE						Ocration Service Company (P.O. Box Number is Not Acceptable)		
				Street Address (P.O. Box Number is Not Acceptable)				
11 11110 017102				1201 H			Zip Code	
				City Tall	ahasse	e FL	32301-2525	
	named entity submits this statement to ons of registered agent.	the purpose of changing if	s registere	ed office or reg	jistered agei	nt, or both, in the State of Florida. I am fa	miliar with, and accept	
SIGNATURE _	Signature, typed or printed name of registered agent							
Jar	nuary 1 - May 1 Fee is \$150.00	and the it applicable. (NO	TE. Hegistered	l Agent signature re	iquirea waea rein		45.00	
	After May 1, Fee is \$550.00 Amended UBR is \$61.25					Selection Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
Make Check 10.	Payable to Florida Department of OFFICERS AND		-					
TITLE	Director & Chairman		TITLE	I .			[6	
NAME STREET ADDRESS	William A. Finelli 10 Park Avenue		NAME STREE	ET ADDRESS				
CITY-ST-ZIP	Morristown, NJ 0796	5	CiTÝ-	ST-ZÍP				
TITLE NAME	Director & President		TITLE	1		200033558	3472	
STREET ADDRESS	Jill S. Hatton, #127 125 Summer Street	0	NAME STREE	ET ADDRESS				
CITY-ST-ZIP	Boston, MA 02110-16	16	CITY-	-ST-ZIP				
TITLE	Vice President & Sec	retary	TITLE	1			age-van-awa-	
name Street address	Herman H. Howerton One California Stree	+ #1400	NAME STREE	ET ADDRESS		DO MOT MIDE	ye yes	
CITY-ST-ZIP	San Francisco, CA 9	•	CITY-	-ST-ZIP		DO NOT WRI		
TITLE	Executive VP & COO		TITLE	I .		IN THIS SPAC	:F	
NAME STREET ADDRESS	Peter McNally		NAME	ET ADDRESS		0.70		
CITY-ST-ZIP	125 Summer Street, #Boston, MA 02110-16			ST-ZIP				
TITLE	CFO & Treasurer		TITLE	1				
NAME STREET ADDRESS	Ralph V. Marra		NAME	ET ADDRESS				
CITY-ST-ZIP	10 Park Avenue Morriston, NJ 07965	1		-ST-ZIP				
TITLE			TITLE					
NAME			NAME					
STREET ADORESS CHY-S1-ZIP				ET ADDRESS -ST-ZIP				
	Learning that the information supplied with	this filing does not qualify f			in Section 1	19.07(3)(i), Florida Statutes. I further cert	ify 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 eath; 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 on an attachment with an address, with all other like empowered.

SIGNATURE

Herman H. Howerton

4/16/04

415-678-2135

ale

Daylittie Phone #





ACCOUNT NO. : 07210000032

REFERENCE: 583470 7171451

AUTHORIZATION :

COST LIMIT : \$ 150.00

ORDER DATE: April 21, 2004

ORDER TIME : 11:17 AM

ORDER NO. : 583470-005

CUSTOMER NO: 7171451

CUSTOMER: Ms. Jeni Frenn

Ssr Realty Advisors

Suite 1400

One California Street

San Francisco, CA 94111-5415

ANNUAL REPORT FILING

NAME: MONTE VISTA ORLANDO, INC.

XX ANNUAL REPORT					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	N OF CI	MPR 22			
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	STATE DRPORATIONS EF. FLORIDA	PH 12: 53			

CONTACT PERSON: Darlene Ward - Ext. 2935

EXAMINER'S INITIALS:

 \Box

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