2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000044771

Entity Name: FLA I TRUSTEE, INC.

FILED Feb 28, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2500 TENNYSON HIGHLAND PARK, IL 60035

Current Mailing Address: New Mailing Address:

FLA I TRUSTEE, INC.

51 SHERWOOD TERR STE S

LAKE BLUFF, IL 60044

FLA I TRUSTEE, INC./ GERALD POLLACK

51 SHERWOOD TERR STE S

LAKE BLUFF, IL 60044

FEI Number: 36-4228690 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: MGR (X) Change () Addition

 Name:
 POLLACK, GERALD L
 Name:
 POLLACK, GERALD L

 Address:
 2500 TENNYSON
 Address:
 2500 TENNYSON

 City-St-Zip:
 HIGHLAND PARK, IL 60035
 City-St-Zip:
 HIGHLAND PARK, IL 60035

Title: VPS (X) Delete Title: () Change () Addition

 Name:
 SCHMIDT, THEODORE J
 Name:

 Address:
 9 S 175 DREW AVE
 Address:

 City-St-Zip:
 BURR RIDGE, IL 60527
 City-St-Zip:

Title: AS () Delete Title: () Change () Addition

 Name:
 GUSSIS, RANDY S
 Name:

 Address:
 321 NORTH CLARK STREET STE 800
 Address:

 City-St-Zip:
 CHICAGO, IL 60610
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERALD POLLACK MGR 02/28/2006