2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 22, 2004 8:00 am
Secretary of State
04-05-2004 90077 014 ***150.00

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DOCUMENT # P99000089103

1. Entity Name
TIERRA DEL REY APARTMENTS, INC.

Principal Place of Business	Mailing Address
1801 HERMITAGE BLVD.,STE.600 STE 100 TALLAHASSEE, FL 32308	1801 HERMITAGE BLVD.,STE.600 STE 100 TALLAHASSEE, FL 32308

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3601332 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TODD, DAVID E 1801 HERMITAGE BLVD.,STE.100 TALLAHASSEE, FL 32308	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BENNETT, DOUGLAS W 1801 HERMITAGE BLVD.,STE.600 TALLAHASSEE, FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVAS SMITH, JEFFREY L 1801 HERMITAGE BLVD STE 100 TALLAHASSEE, FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVAT GRAY, LYNNE M 1801 HERMITAGE BLVD.,STE.600 TALLAHASSEE, FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P TOGNARELLI, MAURY 180 N LASALLE STREET CHICAGO, IL 60601	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P 191 N. Wacker Dr., Suite 2500 Chicago, IL 60606	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V KURNICK, KAREN 180 N LASALLE STREET CHICAGO, IL 60601	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VAS 191 N. Wacker Dr., Suite 2500 Chicago, IL 60606	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS KURNICK, KAREN 180 N LASALLE STREET CHICAGO, IL 60601	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS Thomas D. McCarthy 191 N. Wacker Dr., Suite 2500 Chicago, IL 60606	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] Thomas D. McCarthy V.P./Secretary 03/30/04 (312)855-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #