2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State
04-14-2005 90109 029 ***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
1801 Hermitage Boulevard	1801 Hermitage Boulevardd
Suite, Apt. #, etc. Suite 100	Suite, Apt. #, etc. Suite 100
City & State	City & State
Zip / Country	Zip / Country

03282005 Chg-P CR2E034 (10/03)

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

TODD, DAVID E
1801 HERMITAGE BLVD.,STE.100
TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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	D	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	BENNETT, DOUGLAS W		NAME		
STREET ADDRESS	1801 HERMITAGE BLVD.,STE.600		STREET ADDRESS	1801 Hermitage Boulevard, Suite 100	
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP		
TITLE	DVAS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SMITH, JEFFREY L		NAME		
STREET ADDRESS	1801 HERMITAGE BLVD STE 100		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP		
TITLE	DVAT	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	GRAY, LYNNE M		NAME		
STREET ADDRESS	1801 HERMITAGE BLVD.,STE.600		STREET ADDRESS	1801 Hermitage Boulevard, Suite 100	
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	TOGNARELLI, MAURY		NAME		
STREET ADDRESS	191 N WACKER DRIVE STE 2500		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL 60606		CITY-ST-ZIP		
TITLE	VAS	☐ Delete	TITLE	V	☒ Change ☐ Addition
NAME	KURNICK, KAREN		NAME		
STREET ADDRESS	191 N WACKER DR STE 2500		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL 60606		CITY-ST-ZIP		
TITLE	VS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MCCARTHY, THOMAS D		NAME		
STREET ADDRESS	191 N WACKER DRIVE STE 2500		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL 60606		CITY-ST-ZIP		

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: Karen K. Kurnick 4/8/05 312-425-0477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #