2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Feb 28, 2006 08:00 AM Secretary of State

| DOCUMENT | "# F9700 | 00005728 |
|----------|----------|----------|
|----------|----------|----------|

1. Entity Name OAKS MALL GAINESVILLE II, INC.



Principal Place of Business

110 N. WACKER CHICAGO, IL 60606 Mailing Address

110 N. WACKER CHICAGO, IL 60606



01312006

No Chg-P

CRZE034 (11/05)

4. FEI Number 36-4186805 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CODDODATION SERVICE COMPANY

| 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 | | | DO NOT WRITE IN THIS SPACE | | |
|--|--|---|--------------------------------|--|--|
| | named entity submits this statement for the pations of registered agent. | nurpose of changing its registered office o | r registered agent, or b | oth, in the State of Florida. I am familiar with, and accept | |
| SIGNATURE. | Signature, typed or printed name of registered agent and title t | Hamilankia (MOT) Paristana di Anni sina | | | |
| FIL After M | E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. | \$5.00 May Be Added to Fees | 03/10/05-80024-012 150.00 | |
| 10. | OFFICERS AND DIREC | OTORS | | <u> </u> | |
| TITLE MAME STREET ADDRESS GITY-ST-ZIP | DC BUCKSBAUM, MATTHEW 110 N. WACKER CHICAGO, IL 50505 | | | | |
| TITLE NAME STREET ADDRESS CHTY-ST-ZIP | COOP MICHAELS, ROBERT A 110 N. WACKER CHICAGO, IL 60606 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DCEO BUCKSBAUM, JOHN 110 N. WACKER CHICAGO, IL 60606 | | DO | NOT WRITE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CFOE FREIBAUM, BERNARD 110 N. WACKER CHICAGO, IL 60606 | | IN | THIS SPACE | |
| TITLE NAME STREET ADDRESS CSTY+ST-ZIP | VAS GERN, RONALD 110 N. WACKER CHICAGO, IL 60606 | - | | | |
| TITLE NAME | | | | | |

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 signature shell 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 attachagent with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

a-22-06

312-960-5000

Crevima Phone #