


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 28, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F97000005728  
 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
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**DO NOT WRITE IN THIS SPACE**



02162005 No Chg-P CR2E034 (10/03)

4. FEI Number 36-4186805	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525

**DO NOT WRITE IN THIS SPACE**

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, 2005 Fee will be \$550.00**

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

1100003246707  
 02/28/05-80076-006 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC BUCKSBAUM, MATTHEW 110 N. WACKER CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOE FREIBAUM, BERNARD 110 N. WACKER CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS GERN, RONALD 110 N. WACKER CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:  **BERNARD FREIBAUM** 2-22-05 312-960-5205  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #