2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M00000000508

1. Entity Name
THOR GALLERY AT COCO WALK, LLC

FILED
2005 APR -5 PM 1:22
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
150 N. WACKER DRIVE, SUITE 800 CHICAGO, IL 60606	150 N. WACKER DRIVE, SUITE 800 CHICAGO, IL 60606

04042005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
c/o Thor Equities, LLC	c/o Thor Equities, LLC
Suite, Apt. #, etc. 139 Fifth Avenue	Suite, Apt. #, etc. 139 Fifth Avenue
City & State New York, New York	City & State New York, New York
Zip 10010 Country New York	Zip 10010 Country New York

4. FEI Number
36-4255307
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name: United Corporate Services, Inc. Street Address (P.O. Box Number is Not Acceptable): 9200 South Dadeland Blvd., Suite 508 City: Miami **FL** Zip Code: 33156

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 _____ Michael A. Barr, President 4/4/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ASLAN REALTY PARTNERS, L.P. 150 N. WACKER DRIVE, SUITE 800 CHICAGO, IL 60606	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Thor Gallery at Coco Walk Holdings, LLC c/o Thor Equities, LLC, 139 Fifth Avenue New York, New York 10010	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	900050044619 04/06/05--01069--006 **80.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: S/JOSEPH J. SITT Joseph J. Sitt, Authorized Person 4/4/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #