

FILED  
Jun 16, 2003 8:00 am  
Secretary of State

04-21-2003 90137 036 \*\*\*\*50.00

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # M00000001368

1. Entity Name

SHARP SABAL PALMS, L.L.C.



Principal Place of Business

1209 ORANGE STREET  
WILMINGTON DE 19801

Mailing Address

1209 ORANGE STREET  
WILMINGTON DE 19801

44004493

2. Principal Place of Business

875 N. Michigan Avenue

3. Mailing Address

875 North Michigan Avenue

Suite, Apt. #, etc.

41st Floor

Suite, Apt. #, etc.

41st Floor

City & State

Chicago, Illinois

City & State

Chicago, Illinois

Zip

60611

Country

U.S.A.

Zip

60611

Country

U.S.A.

4. FEI Number

36-4378555

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$60.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

|                |                                       |                                 |
|----------------|---------------------------------------|---------------------------------|
| TITLE          | MEM                                   | <input type="checkbox"/> Delete |
| NAME           | SHARP II, LP                          |                                 |
| STREET ADDRESS | 875 NORTH MICHIGAN AVENUE, 41ST FLOOR |                                 |
| CITY-ST-ZIP    | CHICAGO IL 60611-1901                 |                                 |
| TITLE          | GP                                    | <input type="checkbox"/> Delete |
| NAME           | RREEF RRESTORATION II, L.L.C.         |                                 |
| STREET ADDRESS | 875 NORTH MICHIGAN AVENUE, 41ST FLOOR |                                 |
| CITY-ST-ZIP    | CHICAGO IL 60611-1901                 |                                 |
| TITLE          | MEM                                   | <input type="checkbox"/> Delete |
| NAME           | RREEF AMERICA LLC                     |                                 |
| STREET ADDRESS | 875 NORTH MICHIGAN AVENUE, 41ST FLOOR |                                 |
| CITY-ST-ZIP    | CHICAGO IL 60611-1901                 |                                 |
| TITLE          |                                       | <input type="checkbox"/> Delete |
| NAME           |                                       |                                 |
| STREET ADDRESS |                                       |                                 |
| CITY-ST-ZIP    |                                       |                                 |
| TITLE          |                                       | <input type="checkbox"/> Delete |
| NAME           |                                       |                                 |
| STREET ADDRESS |                                       |                                 |
| CITY-ST-ZIP    |                                       |                                 |
| TITLE          |                                       | <input type="checkbox"/> Delete |
| NAME           |                                       |                                 |
| STREET ADDRESS |                                       |                                 |
| CITY-ST-ZIP    |                                       |                                 |

10. ADDITIONS/CHANGES

|                |                                  |                                                                              |
|----------------|----------------------------------|------------------------------------------------------------------------------|
| TITLE          | Managing Member                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Sharp II, LP                     |                                                                              |
| STREET ADDRESS | 875 N. Michigan Avenue, 41 Floor |                                                                              |
| CITY-ST-ZIP    | Chicago, IL 60611-1901           |                                                                              |
| TITLE          |                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                  |                                                                              |
| STREET ADDRESS |                                  |                                                                              |
| CITY-ST-ZIP    |                                  |                                                                              |
| TITLE          |                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                  |                                                                              |
| STREET ADDRESS |                                  |                                                                              |
| CITY-ST-ZIP    |                                  |                                                                              |
| TITLE          |                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                  |                                                                              |
| STREET ADDRESS |                                  |                                                                              |
| CITY-ST-ZIP    |                                  |                                                                              |
| TITLE          |                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                  |                                                                              |
| STREET ADDRESS |                                  |                                                                              |
| CITY-ST-ZIP    |                                  |                                                                              |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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. Sharp Sabal Palms, L.L.C.  
By Sharp II, L.P., its Member, By: RREEF RRestoration II, L.L.C., its Gen. Partner,  
By RREEF America, L.L.C., its Manager, By: Susan E. McClintock, Asst. Secretary  
SIGNATURE: Susan E. McClintock 03-31-03 312-266-9300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2003 (10/02)