2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNUAL REPORT DOCUMENT # M01000000623

1. Entity Name

EVEREST GLENBROOK, LLC

Principal Place of Business Mailing Address

155 N. LAKE AVE. #1000 PASADENA, CA 91101

SIGNATURE:

155 N. LAKE AVE. #1000 PASADENA, CA 91101

FILED Feb 10, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01152004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 95-4845989 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

626-585-5920

6. Name and Address of Current Registered Agent

LEXISNEXIS DOCUMENT SOLUTIONS INC. 1201 HAYS STREET TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the purpose of changing of registered agent.	ng its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE, Registered Agent signature required when reliability)
Fi	iling Fee is \$50.00 ue by May 1, 2004	
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EVEREST RESIDENTIAL PROPERTIES 2, LLC 155 N. LAKE AVE. #1000 PASADENA, CA 91101	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		02/11/04-80040-011 5 5.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filling 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 give receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

EVEREST RESIDENTIAL PROPERTIES 2, LLC.

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

DAVIDIT. LESSER EXECUTIVE V.P.