

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000000715

Entity Name: CMCP-ISLAND LAKE, LLC

FILED
Mar 24, 2006
Secretary of State

Current Principal Place of Business:

8401 N. CENTRAL EXPRESSWAY
SUITE 800
DALLAS, TX 75225

New Principal Place of Business:

330 N. WABASH AVENUE
SUITE 1400
CHICAGO, IL 60611

Current Mailing Address:

8401 N. CENTRAL EXPRESSWAY
SUITE 800
DALLAS, TX 75225

New Mailing Address:

330 N. WABASH AVENUE
SUITE 1400
CHICAGO, IL 60611

FEI Number: 37-1421090

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: REINSCH, PHILLIP A
Address: 8401 N. CENTRAL EXPRESSWAY
City-St-Zip: DALLAS, TX 75225

Title: MGR (X) Delete
Name: JACOBS, ANDREW F
Address: 8401 N. CENTRAL EXPRESSWAY
City-St-Zip: DALLAS, TX 75225

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CMCP PROPERTIES, INC, .
Address: 330 N. WABASH AVENUE, SUITE 1400
City-St-Zip: CHICAGO, IL 60611

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARK J. SCHULTE

MGR

03/24/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date