

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 06, 2006 08:00 AM
Secretary of State

DOCUMENT # M02000001696

1. Entity Name

INLAND 200 CELEBRATION PLACE, L.L.C.



Principal Place of Business

2901 BUTTERFIELD ROAD
OAK BROOK, IL 60523

Mailing Address

2901 BUTTERFIELD ROAD
OAK BROOK, IL 60523



05312006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

02-0623499

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

06/06/06-80003-020 50.00

**Filing Fee is \$50.00
Due by September 6, 2006**

06/06/06-80003-020 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
INLAND REAL ESTATE CORP.
2901 BUTTERFIELD ROAD
OAK BROOK, IL 60523

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *[Signature]* CFO

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

5/31/06

Date

630/218-8000

Daytime Phone #