2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
05 MAY 24 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M04000000440

1. Entity Name
HBC ASSOCIATES, LLC

Principal Place of Business	Mailing Address
200 WEST MADISON, SUITE 3700 CHICAGO, IL 60606	200 WEST MADISON, SUITE 3700 CHICAGO, IL 60606

05242005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
71 South Wacker Drive	71 South Wacker Drive
Suite, Apt. #, etc.: Suite 900	Suite, Apt. #, etc.: Suite 900
City & State: Chicago, IL	City & State: Chicago, IL
Zip: 60606 Country: USA	Zip: 60606 Country: USA

4. FEI Number: 36-3508389 ☐ 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
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 7, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CC-DEVELOPMENT GROUP, INC. 200 WEST MADISON STREET, SUITE 3700 CHICAGO, IL 60606 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 71 South Wacker Drive, Suite 900
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 400055205034
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: Stephanie Fields, V.P. 5/24/05 (312) 803-8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CORPORATION SERVICE COMPANY

M U 400006 0440

ACCOUNT NO. : 072100000032

REFERENCE : 389460 4731708

AUTHORIZATION : Patricia Pizzuto
Patricia

COST LIMIT : $ 55.00

ORDER DATE : May 24, 2005

ORDER TIME : 1:43 PM

ORDER NO. : 389460-005

CUSTOMER NO: 4731708

CUSTOMER: Linda Sadler
Classic Residence By Hyatt
9th Floor
71 S. Wacker Drive
Chicago, IL 60606

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NAME: HBC ASSOCIATES, L.L.C.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Heather Chapman - Ext. 2908

EXAMINER'S INITIALS: _____