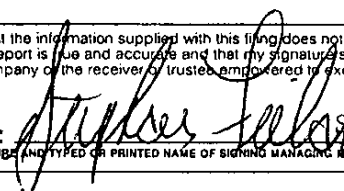


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # M04000000440			
1. Entity Name HBC ASSOCIATES, LLC			
Principal Place of Business 200 WEST MADISON, SUITE 3700 CHICAGO, IL 60606		Mailing Address 200 WEST MADISON, SUITE 3700 CHICAGO, IL 60606	
2. Principal Place of Business 71 South Wacker Drive Suite, Apt. #, etc. Suite 900		3. Mailing Address 71 South Wacker Drive Suite, Apt. #, etc. Suite 900	
City & State Chicago, IL		City & State Chicago, IL	
Zip 60606	Country USA	Zip 60606	Country USA
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____			
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	71 South Wacker Drive, Suite 900 ☒ 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	400055205034 ☐ 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
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 of 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 #	



MU-4000000440

CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 389460 4731708

AUTHORIZATION :

Patricia Pizuto
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

BK

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

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: _____