2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M0400004165

1. Entity Name INLAND US MANAGEMENT LLC

V-1558 **FILED** May 01, 2006 08:00 Al Secretary of State

Principal Place of Business

2901 BUTTERFIELD ROAD OAK BROOK, IL 60523

Mailing Address

2901 BUTTERFIELD ROAD OAK BROOK, IL 60523



01272006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1659310 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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|----------------------------|--|--|
| | named entity submits this statement for the purpose of changing of registered agent. | ging 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 (egillicable. | (NOTE. Registered Agent signature required when reinstating) DATE |
| F | iling Fee is \$50.00 ue by May 1, 2006 | |
| 9. | MANAGING MEMBERS/MANAGERS | |
| TITLE | MGRM | |
| NAME | BARG, ROBERT M | + |
| STREET ADDRESS | 2901 BUTTERFIELD ROAD | |
| CITY-ST-ZIP | OAK BROOK, IL 60523 | Thompoon your |
| TITLE | MGRM | U00000549734 05/13/06-80029-023 50.00 |
| NAME | CASSACCIO, ANTHONY A | 03/13/05-39/053-053 30/09 |
| STREET ADDRESS | 2901 BUTTERFIELD ROAD | |
| CITY-ST-ZIP | OAK BROOK, IL 60523 | |
| TITLE | MGRM | |
| NAME | KREMIN, ALAN F | |
| STREET ADDRESS | 2901 BUTTERFIELD ROAD | DO NOT WRITE |
| CITY-ST-ZIP | OAK BROOK, IL 60523 | |
| TITLE | MGRM | I IN THIS SPACE |
| NAME | MCGUINESS, THOMAS P | |
| STREET ADDRESS | 2901 BUTTERFIELD ROAD | |
| CITY-ST-ZIP | OAK BROOK, IL 60523 | |
| TITLE | MGRM | |
| NAME | STEWART, PAMELA | |
| STREET ADDRESS | 2901 BUTTERFIELD ROAD | |
| CITY-ST-ZIP | OAK BROOK, IL 60523 | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS CITY+ST-ZIP | | [|
| CHAINGINGE S | 3 | - · · · · · · · · · · · · · · · · · · · |

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 justee empowered to execute this report as required by Chapter 608, Florida Statutes.

| SIGNATURE | : / | | | 1/19 | M | 4//• | |
|------------------|-----------|-----------|-----------|------------|--------------|---------|---------------------------------|
| SIGNAT | JRE AND T | Y ED OR I | PRINTED N | IAME DE SI | GNING MANAGE | G MEMBE | R, OR AUTHORIZED REPRESENTATIVE |

4/18/06

630/218-8000

Daytime Phone #