

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 01, 2008 08:00 AM
Secretary of State

DOCUMENT # M05000003197	
1. Entity Name WBC IV GP, LLC	
	
Principal Place of Business 900 NORTH MICHIGAN AVE., #1900 CHICAGO, IL 60611	Mailing Address 900 NORTH MICHIGAN AVE., #1900 CHICAGO, IL 60611



01232008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2591631	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

**DO NOT WRITE
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 re-registering)

DATE

04/11/08-80082-006 138.75

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WSC WESTSHORE INVESTORS IV, LLC
STREET ADDRESS	900 NORTH MICHIGAN AVE., #1900
CITY-STATE-ZIP	CHICAGO, IL 60611

TITLE	MGRM
NAME	ROCKPOINT LAND INVESTMENTS I, LLC
STREET ADDRESS	222 BERKELEY ST. #2250
CITY-STATE-ZIP	BOSTON, MA 02116

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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CITY-STATE-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
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: _____

Karen E. Leone, Authorized Representative

3-19-08

773-477-2292

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

Date

Daytime Phone #