

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

FILED  
 99 MAR 12 PH 1: 24  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

<b>FILING FEE</b>	<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b>
<b>\$ 188.75</b>	<b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>

1. Name and Mailing Address of Limited Liability Company  203 TRUMAN L.L.C. 440 SOUTH LA SALLE ST., SUITE #15103 CHICAGO IL 60605	<b>DOCUMENT # M97000000152</b>
---	--------------------------------

1a. Principal Place of Business Address  440 SOUTH LA SALLE ST., SUIT CHICAGO IL 60605
---

2 Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country	2a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country	3. Date Organized or Qualified  03/26/1997	3a. State of Formation  IL
		4. FEI Number  36-4087175	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report  03/23/1998	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent  CORPORATION SERVICE , COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301
--

8. Name and Address of New Registered Agent/Office  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City  Zip Code  <b>FL</b>
--

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when a corporation)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	ALBIERO, GREG	440 S. LA SALLE ST., SUITE	CHICAGO IL

7000002814547-1  
 -03/23/99--01004--010  
 \*\*\*188.75 \*\*\*188.75

11 I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

**SIGNATURE:** 203 Truman LLC Greg Albiero, Member