

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M03000003762

**FILED**  
**Jul 11, 2005**  
**Secretary of State**

**Entity Name:** RUSHMORE OAKS MALL, LLC

**Current Principal Place of Business:**

414 N. ORLEANS STREET, SUITE 210  
CHICAGO, IL 60610

**New Principal Place of Business:**

**Current Mailing Address:**

414 N. ORLEANS STREET, SUITE 210  
CHICAGO, IL 60610

**New Mailing Address:**

2 N. LASALLE STREET  
SUITE 1300  
CHICAGO, IL 60602

**FEI Number:** 20-0255755      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR      ( ) Delete  
**Name:** RUSHMORE OAKS MAL MA, NAGER, LLC  
**Address:** 414 N. ORLEANS STREET, SUITE 210  
**City-St-Zip:** CHICAGO, IL 60610

**ADDITIONS/CHANGES:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MARC REINISCH

MGR

07/11/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date