7/29/2005-90083-015-$50.00-$50.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG 31 AM 11: 02

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M01000002530

1. Entity Name
PRG PARKING MANAGEMENT, L.L.C.

Principal Place of Business	Mailing Address
200 WEST MADISON ST., 37TH FLOOR CHICAGO, IL 60606	200 WEST MADISON ST., 37TH FLOOR CHICAGO, IL 60606

07192005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
71 South Wacker Drive		71 South Wacker Drive	
Suite, Apt. #, etc.: 47th Floor		Suite, Apt. #, etc.: 47th Floor	
City & State: Chicago, Illinois		City & State: Chicago, Illinois	
Zip: 60606	Country: Cook	Zip: 60606	Country: Cook

4. FEI Number: 36-4310112 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
MGR NESBITT, MARTIN 200 WEST MADISON STREET, 37TH FLOOR CHICAGO, IL 60606	☐ Delete	MGR Nesbitt, Martin 200 West Monroe Street, Suite 1500 Chicago, IL 60606	☒ 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
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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 7-27-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Martin Nesbitt, Manager