

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000015623

Entity Name: IVE HOLDINGS III, LLC**Current Principal Place of Business:**TWO NORTH RIVERSIDE PLAZA, SUITE 800
CHICAGO, IL 60606**Current Mailing Address:**TWO NORTH RIVERSIDE PLAZA, SUITE 800
CHICAGO, IL 60606 US**FEI Number:** 04-3694021**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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

Authorized Person(s) Detail :

Title MGR
Name MHC OPERATING LIMITED PARTNERSHIP
Address TWO NORTH RIVERSIDE PLAZA, SUITE 800
City-State-Zip: CHICAGO IL 60606

Title VP
Name JACCARD, WALTER
Address TWO NORTH RIVERSIDE PLAZA, SUITE 800
City-State-Zip: CHICAGO IL 60606

Title VP
Name FIELD, NORM
Address TWO NORTH RIVERSIDE PLAZA, SUITE 800
City-State-Zip: CHICAGO IL 60606

Title VP
Name NELSON, BRAD
Address TWO NORTH RIVERSIDE PLAZA, SUITE 800
City-State-Zip: CHICAGO IL 60606

Title SVP
Name KROOT, KENNETH
Address TWO NORTH RIVERSIDE PLAZA, SUITE 800
City-State-Zip: CHICAGO IL 60606

Title DIRECTOR, CFO, TREASURER
Name SEAVEY, PAUL
Address TWO NORTH RIVERSIDE PLAZA, SUITE 800
City-State-Zip: CHICAGO IL 60606

Title DIRECTOR, CEO, PRESIDENT
Name NADER, MARGUERITE
Address TWO NORTH RIVERSIDE PLAZA, SUITE 800
City-State-Zip: CHICAGO IL 60606

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KENNETH KROOT

SVP

05/01/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date