

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # B97000000304

1. Entity Name
LEMB II, L.P.



FILED
2005 APR 25 PM 12:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

6991 E. CAMELBACK RD., #B310
SCOTTSDALE, AZ 85251

Mailing Address

6991 E. CAMELBACK RD., #B310
SCOTTSDALE, AZ 85251

2. Principal Place of Business

Two N. Riverside Plaza

3. Mailing Address

Two N. Riverside Plaza

Suite, Apt. #, etc.
Suite 800

Suite, Apt. #, etc.
Suite 800

04062005

Chg-LP

CR2E003 (10/03)

City & State
Chicago, Illinois

City & State
Chicago, Illinois

4. FEI Number

86-0877752

Applied For

Not Applicable

Zip
60606

Country
USA

Zip
60606

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

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.

DATE

9. Capital Contributions
as Shown on record. \$1,000.00

10. Amount of Capital Contributions
in FLORIDA to date. \$1,000.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION
DOCUMENT # M04000004328
NAME MHC - LEMB II GP, L.L.C.
STREET ADDRESS TWO NORTH RIVERSIDE PLAZA, SUITE 800
CITY-ST-ZIP CHICAGO, IL 60606

13. ADDRESS CHANGES ONLY
STREET ADDRESS 500054344155
CITY-ST-ZIP 05/12/05--01082--002 **141.25

DOCUMENT #
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CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

312/279-1400

SIGNATURE: By: David W. Fell

David W. Fell, VP 04/20/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE