


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90011 016 \*\*\*\*50.00

<b>DOCUMENT # L00000006469</b>	
1. Entity Name DEL TURA PHASE I, LLC	

Principal Place of Business 6160 SYRACUSE WAY GREENWOOD VILLAGE, CO 80111	Mailing Address 6160 SYRACUSE WAY GREENWOOD VILLAGE, CO 80111
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2. Principal Place of Business <b>150 N. Wacker Drive</b>	3. Mailing Address <b>150 N. Wacker Drive</b>
Suite, Apt. #, etc. <b>Suite 900</b>	Suite, Apt. #, etc. <b>Suite 900</b>
City & State <b>Chicago, IL</b>	City & State <b>Chicago, IL</b>
Zip <b>60606</b>	Country <b>U.S.A.</b>

03152004 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>58-2549882</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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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 <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2004</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SUNCOAST INV GROUP, LIMITED 6160 S SYRACUSE WAY GREENWOOD VILLAGE, CO 80111 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>150 N. Wacker Drive, Suite 900, Chicago, IL 60606</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CHATEAU COMMUNITIES, INC. 6160 S SYRACUSE WAY GREENWOOD VILLAGE, CO 80111 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

<b>SIGNATURE:</b> <u>See attached signature page.</u>	<b>4.1.04</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #

*Attachment*

Signature Page

*24051881*

*# L0000000 6469*

**2004 Limited Liability Company Annual Report**

**DEL TURA PHASE I, LLC**

DEL TURA PHASE I, LLC, a FL limited liability company,

By: Suncoast Investment Group Limited, a FL limited partnership, its Manager

By: Hometown Communities, L.L.C., a Maryland limited liability company, its General Partner

By: Hometown Residential Manager, L.L.C.,  
A Delaware limited liability company, Its Manager

By: *Eugene J.M. Leone*  
Eugene J.M. Leone, Secretary