2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

Feb 24, 2006 8:00 am **Secretary of State** DOCUMENT # L01000013121 02-24-2006 90245 038 ****50.00 PREFERRED EQUITIES II, LLC Principal Place of Business Mailing Address 20010313 1025 WEST ADDISON ST. 1025 WEST ADDISON ST. CHICAGO, IL 60613 CHICAGO, IL 60613 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01142006 Chg-LLC CR2E083 (11/05) Applied For City & State 4. FEI Number City & State 36-4218501 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent UDELL, GLENN L Street Address (P.O. Box Number is Not Acceptable) 81145 OLD HIGHWAY ISLAMORADA, FL 33036 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. MGRM TITLE TITLE Change ■ Addition Delete PREFERRED EQUITIES LLC NAME NAME STREET ADDRESS 1025 WEST ADDISON ST. STREET ADDRESS CHICAGO, IL 60613 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITEF NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP led with this filipy does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 11. I hereby certify that the information supplementary decriate 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 iper or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. indicated on this report is true and limited liability company or the region

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

ATTACHMENT

DOCUMENT # L01000013121) 1. Entity Name PREFERRED EQUITIES II, LLC									
Principal Place of Business 1025 WEST ADDISON ST. CHICAGO, IL 60613		Mailing Address 1025 WEST ADDISON ST. CHICAGO, IL 60613			200	103	13		
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01142006	Chg-LLC	CR2E08	3 (11/05)		
City & State		City & State		4. FEI Numbe 36-421			⊢	plied For	
Zip	Country	Zip	Coun	itry		of Status Desired	□ \$	5.00 Add	itional
	6. Name and Address of Current R	egistered Agent			7. Name and	Address of New R	egistered A	ent	
UDELL, GLENN L				Name					
81145 OLD HIGHWAY ISLAMORADA, FL 33036				Street Address (P.O. Box Number is Not Acceptable)					
				City			FL	Zip Code	e
The above named entity submits this statement for the purpose of changing its registered office or					ed agent, or bot	h, in the State of Flo		1	
the obligations of registered agent. SIGNATURE									
OIGHATORE :	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE:	Registere	d Agent signature required	when reinstating)		DATÉ		
Filing Fee is \$50.00 Due by May 1, 2006							e check pa Departme	-	•
9.	MANAGING MEMBER	S/MANAGERS	10.			ADDITIONS	CHANGES		
TITLE NAME STREET ADDRESS	MGRM PREFERRED EQUITIES LLC 1025 WEST ADDISON ST.	☐ Delete	TITLI NAM STRE	l l				☐ Change	☐ Addition
CITY-ST-ZIP	CHICAGO, IL 60613			-ST-ZIP					
NAME STREET ADORESS	☐ Delete		NAM STRE	ME REET ADDRESS				Change	☐ Addition
CITY-ST-ZIP		☐ Delete	CITY	-S1-ZIP				Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		Delete	NAM STRE	1			l	Onlinge	Addition
TITLE NAME		☐ Delete	TITLE					Change	Addition
STREET ADORESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP					
TITLE NAME		☐ Delete	TITLE	I				Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST- ZIP					ļ
TITLE NAME		☐ Delete	TITLE	I				Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP		1		ET ADDRESS - ST- ZIP					İ
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accuracy and that any 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 scower is using execute this report as required by Chapter 608, Florida Statutes.									

ISING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE