2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

Feb 05, 2004 8:00 am Secretary of State DOCUMENT # L03000026852 02-05-2004 90077 015 ****55 00 KGN/BRADLEY ASSOCIATES CHANTILLY, LLC Principal Place of Business Mailing Address ONE S.E. THIRD AVENUE, SUITE 3050 ONE S.E. THIRD AVENUE, SUITE 3050 MIAM!, FL 33131 MIAMI, FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052004 Chg-LLC CR2E083 (10/03) City & State City & State Applied For Not Applicable Zip Zip Country \$5.00 Additional Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROSENBERG, DONALD S ONE S.E. THIRD AVENUE, SUITE 3050 Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33131 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 tilte if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2004 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE ☐ Change Delete TITLE ☐ Addition JARÓL, SHERWIN NAME STREET ADDRESS STREET ADDRESS 225 NORTH MICHIGAN AVE., 11TH FLOOR CHICAGO, IL 606017683 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete □ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 trugtee empowered accurate this report as required by Chapter 608, Florida Statutes.

ANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #