2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #L03000042081 04 OCT - 1 PM 3: 42 1. Entity Name STONE WATERFRONT LLC SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 150 NORTH MICHIGAN AVENUE 150 NORTH MICHIGAN AVENUE CHICAGO, IL 60601 CHICAGO, IL 60601 2. Principal Place of Business 3. Mailing Address 8182 Maryland Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. 09222004 CR2E083 (10/03) Chg-LLC ATTN: Tax Department Applied For City & State City & State 4. FEI Number St. Louis, X Not Applicable Country Country Zip Zip \$5,00 Additional 5. Cortificate of Status Desired 63105 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by September 8, 2004 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. President TITLE ☐ Delete TITLE Change Addition NAME Patrick J. Moore NAME STREET ADDRESS STREET ADDRESS 8182 Maryland Avenue CITY-ST-ZIP CITY-ST-ZIP St. Louis, MO 63105 Vice President ☐ Change ★ Addition TITLE ☐ Delete TITLE NAME NAME Charles A. Hinrichs STREET ADDRESS STREET ADDRESS 8182 Maryland Avenue St. Louis, MO 63105 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Treasurer ☐ Change X Addition Jeffrey S. Beyersdorfer NAME NAME STREET ADDRESS 8182 Maryland Avenue STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP St. Louis, MO 63105 Secretary ☐ Delete ☐ Change ■ Addition TITLE TITLE Craig A. Hunt NAME NAME 8182 Maryland Avenue STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP St. Louis, MO 63105 Change ☐ Addition TITLE Delete NAME NAME 200041570102 10/04/04--01036--008 **50 STREET ADDRESS STREET ADORESS **50.00 CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 received or trustee empewered to execute this report as required by Chapter 608, Florida Statutes. CRAIG A. HUNT

FILED