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2006 LIMITED LIABILITY COMPANY

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CITY-ST-ZIP

SIGNATURE:

ANNUAL REPORT FILED **DOCUMENT # L04000084066** 1. Entity Name 06 JUL 17 AM 11: 00 GARDEN WALK DEVELOPMENT, LLC SLURLIANY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1637 N. MILWAUKEE AVENUE 1658 N. MILWAUKEE AVENUE, BOX 266 CHICAGO, IL 60647 CHICAGO, IL 60647 07102006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1909159 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SEIDER, WILLIAM M DO NOT WRITE 200 S. ORANGE AVENUE SARASOTA, FL 34236 IN THIS SPACE 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 (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by September 6, 2006 MANAGING MEMBERS/MANAGERS 9. TITLE KIHNKE KINNRE, MATTHEW R NAME 1637 N MILWAUKEE STREET ADDRESS CITY-ST-ZIP CHICAGO, IL 60647 MGR KIHNKE TITLE KINNRE, COLIN M 1637 N MILWAUKEE STREET ADDRESS CHICAGO, IL 60647 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE City-St-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

11. I hereby certify that the information susplied 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 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 obtrustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MEMBER, OR AUTHORIZED REPRESENTATIVE

COUN MICHAULE

Daytime Phone #