


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90041 034 \*\*\*\*50.00

<b>DOCUMENT # L05000027004</b>	
1. Entity Name FRK PUTNAM, LLC	

Principal Place of Business 500 WEST MADISON STREET SUITE 3630 CHICAGO, IL 60661 US	Mailing Address 500 WEST MADISON STREET SUITE 3630 CHICAGO, IL 60661 US
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2. Principal Place of Business 155 East 21st Street Suite, Apt. #, etc.	3. Mailing Address Post Office Box 4667 Suite, Apt. #, etc.
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City & State Jacksonville, FL	City & State Jacksonville, FL
Zip 32206	Country USA
Zip 32201	Country USA

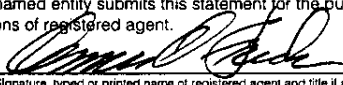
02212006 Chg-LLC CR2E083 (11/05)

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  RAX CO 50 NORTH LAURA STREET SUITE 3300 JACKSONVILLE, FL 32202	
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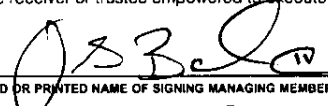
7. Name and Address of New Registered Agent	
Name Dennis D. Frick, Esquire	
Street Address (P.O. Box Number is Not Acceptable) 155 East 21st Street	
City Jacksonville	FL 32208

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 	DATE

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NORTH STAR REALTY SERVICES, LLC <input checked="" type="checkbox"/> Delete 500 WEST MADISON STREET, SUITE 3630 CHICAGO, IL 60661	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM The Arundel Corporation <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 34 Loveton Circle, Ste. 200 Sparks, MD 21152
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
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 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	
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SIGNATURE: 	Date 3/7/06	Daytime Phone # (904) 355-1781
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Thompson S. Baker II, Vice President