

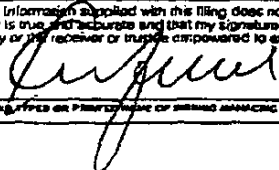
Feb. 25 08 04:41p Frank
Feb 20 08 06:07p Frank

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FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90401 039 ***138.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000120654			
1. Entity Name VERO BEACH GRAND OAKS 2 LLC			
Principal Place of Business 500 Skokie Blvd suite 650		Mailing Address (SAME) Northbrook IL 60062	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
02202008 Chg-LLC CR2ED83 (12/06)		4. FEI Number 20-4794283	
		(Applied For) Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent GT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 date if applicable. (NOTE: Registered Agent's signature is required when "changing") DATE _____			
FILE NUMBER FEE IS \$438.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
8. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR SOUTHEASTERN PROPERTIES LLC 500 SKOKIE BLVD STE 650 NORTHBROOK IL 60062 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ 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.			
SIGNATURE: 		2/20/08	
SIGNATURE AND OFFICE OR PRINTED NAME OF DESIGNATED MANAGING MEMBER, BRANCHES, OR AUTHORIZED REPRESENTATIVE		Do Not Print	