

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L95000000502

FILED  
Feb 02, 2004  
Secretary of State

Entity Name: T LAKES L.C.

## Current Principal Place of Business:

C/O GFB-AS INVESTORS LLC  
100 JERICO QUADRANGLE, STE. 214  
JERICO, NY 11753

## New Principal Place of Business:

C/O GFB-AS INVESTORS LLC  
330 NORTH WABASH AVENUE SUITE 1400  
CHICAGO, IL 60611

## Current Mailing Address:

C/O GFB-AS INVESTORS LLC  
100 JERICO QUADRANGLE, STE. 214  
JERICO, NY 11753

## New Mailing Address:

C/O GFB-AS INVESTORS LLC  
330 NORTH WABASH AVENUE SUITE 1400  
CHICAGO, IL 60611

FEI Number: 65-0622594

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: GFB-AS INVESTORS, LL, C  
Address: 100 JERICO QUADRANGLE, SUITE 214  
City-St-Zip: JERICO, NY 11753

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: GFB-AS INVESTORS, LL, C  
Address: 330 NORTH WABASH AVENUE SUITE 1400  
City-St-Zip: CHICAGO, IL 60611

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DEBORAH C. PASKIN

SV

02/02/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date