
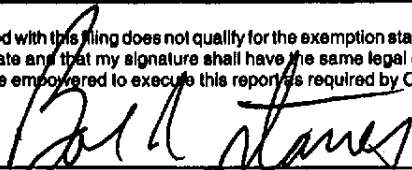


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	FILED 97 JUL 23 PM 1:01 SECRETARY OF STATE TALLAHASSEE, FLORIDA
FILING FEE Annual Report \$100.00, + \$103.75 Corporation Supplemental Fee \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company ST RESIDENTIAL PROPERTIES, L.C. 899 WEST CYPRESS CREEK ROAD SUITE #812 FORT LAUDERDALE FL 33309		DOCUMENT #L95000000869 1a. Principal Place of Business Address 899 WEST CYPRESS CREEK ROAD SUITE #812 FORT LAUDERDALE FL 33309	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.			
2. Principal Place of Business 1600 GOLF RD. SUITE 750 ROLLING MEADOWS, IL 60008		2a. Mailing Address 1600 GOLF RD. SUITE 750 ROLLING MEADOWS, IL 60008	
3. Date Organized or Qualified 11/03/1995		3a. State of Formation FL	
4. FEI Number 65-0626017		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report 06/13/1996		6. Certificate of Status Desired <input type="checkbox"/> SB 79 Additional Fee Required	
7. Name and Address of Current Registered Agent MOMBACH, GEOFFREY S 500 EAST BROWARD BLVD. SUITE 1950 FORT LAUDERDALE FL 33394		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
9. Pursuant to the provisions of Sections 606.416 and 606.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>		DATE 300002251679--4 -07/29/97--01128--012 *****165.00 *****165.00	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	STARNES, BOB R	899 W. CYPRESS CREEK ROAD, FORT LAUDERDALE FL	
MEM	STARNES, SANDRA	899 W. CYPRESS CREEK ROAD, FORT LAUDERDALE FL	
			300002251679--4 -07/29/97--01128--013 *****8.75 *****8.75 300002251679--4 -07/29/97--01128--014 *****30.00 *****30.00
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (l), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE: 			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER			
Date Daytime Phone #			