

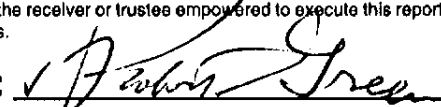


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
<div style="display: flex; justify-content: space-between;"><div style="width: 60%;">1. Name and Mailing Address of Limited Liability Company DOCUMENT # L96000000682 BOB GREENE REAL ESTATE, LLC. C/O MAYNARD HELLMAN 1100 PONCE DE LEON BLVD CORAL GABLES FL 33134</div><div style="width: 35%; text-align: center;">FILED 97 AUG -4 AM 8:50 SECRETARY OF STATE TALLAHASSEE, FLORIDA</div></div>		
<small>If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.</small>		
2. Principal Place of Business		3a. State of Formation
2a. Mailing Address		3. Date Organized or Qualified
Suite, Apt. #, etc.		06/24/1996
City & State		FL
Zip Country		4. FEI Number
Zip Country		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report
		6. Certificate of Status Desired
		\$6.75 Additional Fee Required <input type="checkbox"/>
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent
HELLMAN, MAYNARD 1100 PONCE DE LEON BLVD CORAL GABLES FL 33134		Name
		Street Address (P.O. Box Number is Not Acceptable)
		Suite, Apt. #, etc.
		City
9. Pursuant to the provisions of Sections 608.416 and 608.508, 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 _____ DATE _____		
<small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>		
10. Title	Managing Members/Managers	Business Street Address
		City, State and Zip Code
MGR	GREEN ENTERPRISES IN,	750 N RUSH STREET UNIT 350 CHICAGO IL
MGR	HELLMAN, MAYNARD	750 N RUSH STREET UNIT 350 CHICAGO IL
MGR	ZERMAN, KEITH A	39 S LASALLE ST STE 1420 CHICAGO IL
		
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: 		09/97 (305) 448-8282
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>		<small>Date Daytime Phone #</small>