


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L97000000786 CLEVELAND AVENUE HOTEL, L.C. 140 S. DEARBORN ST, SUITE 1400 CHICAGO IL 60603		1a. Principal Place of Business Address 140 S. DEARBORN ST, SUITE 14 CHICAGO IL 60603			
2. Principal Place of Business 140 SOUTH DEARBORN STREET Suite, Apt. #, etc. SUITE 1400 City & State CHICAGO, ILLINOIS 60603 Zip 60603		2a. Mailing Address 140 SOUTH DEARBORN STREET Suite, Apt. #, etc. SUITE 1400 City & State CHICAGO, ILLINOIS 60603 Zip 60603		3. Date Organized or Qualified 07/21/1997 3a. State of Formation FL	
				4. FEI Number 36-4172357 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report 03/09/1998 6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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 appointing)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	GLUTH, ROBERT C	225 WEST WASHINGTON STREET		CHICAGO IL	
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11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 SIGNER, MANAGING MEMBER OR MANAGER

FEBRUARY 23, 1999 312/845-5314