File on or before May 1, 1999 or Limited Liability Company will be

subject to a \$ 400.00 LATE FEE SECRETARY OF STATE DIVISION OF CORPORATIONS FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 APR 30 AMII: 55 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT # L98000003461** 1a. Principal Place of Business Address WEST END PROPERTY, LLC C/O MAGGIE MARLING C/O MAGGIE MARLING 330 NORTH WABASH AVENUE, SUITE 3300 330 NORTH WABASH AVENUE, SUI CHICAGO IL 60611-3608 CHICAGO IL 60611 3. Date Organized or Qualified 3a. State of Formation 2 Principal Place of Business 2a. Mailing Address 12/30/1998 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable 58-2431710 5. Date of Last Report 6. Certificate of Status Desired Country Zip Country Zip \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office F & L CORP. 200 LAURA STREET Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32202 Suite, Apt. #, etc -05/07/99--01127---023 ****566,250 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. DATE SIGNATURE (Registered Agent Accepting Application) - (NOTE Heighstered Agent signature responsitivities recently of **Business Street Address** 10. Title Managing Members/Managers City, State and Zip Code MGR EDMUNSON ORANGE CORP, 330 NORTH WABASH AVENUE, S CHICAGO IL

it 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 in accurate and that his aignature shall have the same legal effect as if made under oath; that I am a managing member or manager of the professional processing the professional statutes, and that my name appears in Block 10, or on an 11. I do hereby certify that the information indicated on this annual report is truffe limited liability company or the rag attachment with an address

SIGNATURE:

SIGNATURE AND TYPE CONFERENCE DIVAME OF SIGNIFFE MARKATING MEMILE FOR MANAGE