


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90027 034 \*\*\*\*50.00

<b>DOCUMENT # L99000004818</b>	
1. Entity Name VILLAS OF ST. JOHNS L.L.C.	

Principal Place of Business 5 CONCOURSE PARKWAY, SUITE 2410 ATTN: GREG WALZ ATLANTA, GA 30328	Mailing Address 5 CONCOURSE PARKWAY, SUITE 2410 ATTN: GREG WALZ ATLANTA, GA 30328
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2. Principal Place of Business - No P.O. Box # 720 East Wisconsin Avenue	3. Mailing Address P.O. Box 3170
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Milwaukee, WI	City & State Milwaukee, WI	4. FEI Number 52-2192730	Applied For Not Applicable
Zip 53202	Country USA	Zip 53201-3170	Country USA



04172007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.


SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

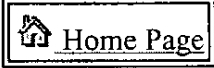
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THE NORTHWESTERN MUTUAL LIFE INS. CO. 720 EAST WISCONSIN AVE. MILWAUKEE, WI 53202 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NM Imperial, LLC 720 East Wisconsin Avenue Milwaukee, WI 53202 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

**David Willert, Authorized Representative**

**SIGNATURE:**  **4/18/2007** **(414) 665-2260**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #



60042031

# L99000004818

**NM Law Department**  
NM Subsidiaries

**Subsidiary Information**

**Name of Corporation:** Villas of St. Johns L.L.C.  
**State of Incorporation:** Florida (FL)  
**State ID No.:** L99000004818  
**State Tax ID No.:**  
**Date of Original Incorporation:** 08/02/1999  
**Date of Subsequent Incorporation, if applicable:**

**Registered Agent for Florida (FL) (optional):** CT Corporation System  
**Legal Entity Type:** Limited Liability Company  
**Managed By (LLCs only):** Member-managed  
**Purpose:**  
**Federal EIN:** 52-2192730

**Annual Meeting Date Per Bylaws:**  
**Actual Annual Meeting Held:**  
**Members/Partners/Shareholders:** NM Imperial LLC 100%  
**Directors:**  
**Officers and Titles (Addresses and Phone Numbers if Applicable):**

**Other States Authorized to do Business In:**

State	State ID No.	State Tax ID	Date of Authorization	Assumed Name (s) (d/b/a), if applicable	Registered Agent for Other Authorized States (optional)

**Related Investments (Current):** 335135, Villas of St. Johns

**Related Investments (Historical):**

**Internal Classification:** Investment Company

**Non-NM Third Party Name/Address:**

**Implementing Member:** Northwestern Mutual

**Tax Matters Member:** Northwestern Mutual

**Last Revised Date:** 03/06/2007

**Date of Last Certificate of Good Standing:**