2007 LIMITED LIABILITY COMPANY

Apr 27, 2007 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # L99000004818** 04-27-2007 90027 034 ****50.00 1. Entity Name VILLAS OF ST. JOHNS L.L.C. Principal Place of Business Mailing Address U V V - · 5 CONCOURSE PARKWAY, SUITE 2410 5 CONCOURSE PARKWAY, SUITE 2410 ATTN: GREG WALZ ATTN: GREG WALZ ATLANTA, GA 30328 ATLANTA, GA 30328 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 720 East Wisconsin Avenue P.O. Box 3170 Suite, Apt. #, etc. Suite, Apt. #, etc. 04172007 Chg-LLC CR2E083 (12/06) City & State City & State 4 FELNumber Applied For Milwaukee, WI Milwaukee, WI 52-2192730 Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 53201-3170 53202 USA USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Zin Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGRM MGRM X Addition ☐ Change TITLE X Delete TITLE THE NORTHWESTERN MUTUAL LIFE INS. CO. NAME NAME NM Imperial, LLC 720 EAST WISCONSIN AVE. STREET ADDRESS 720 East Wisconsin Avenue STREET ADDRESS CITY-ST-ZIP MILWAUKEE, WI 53202 CITY - ST - ZIP Milwaukee, WI 53202 ☐ Addition TITLE Channe Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

TITLE

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Willert, Authorized Representative

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SIGNATURE: _____

TITLE NAME

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CITY-ST-ZIP TITLE

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PED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/18/2007

Date

(414) 665-2260

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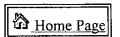
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Daytime Phone #



MM 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	· II	applicable	Agent for Other Authorized
				ll .	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: