
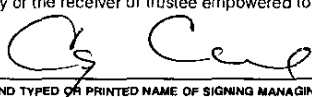


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 09, 2004 8:00 am**  
**Secretary of State**

06-09-2004 90222 013 \*\*\*\*50.00

<b>DOCUMENT # L99000008979</b> 1. Entity Name <b>FOREST HILLS OF TALLAHASSEE LC</b>					
Principal Place of Business <b>16835 KERCHEVAL</b> <b>GROSSE POINTE, MI 48230</b>			Mailing Address <b>16835 KERCHEVAL</b> <b>GROSSE POINTE, MI 48230</b>		
2. Principal Place of Business <b>900 N. Michigan Avenue</b> Suite, Apt. #, etc. <b>1450</b> City & State <b>Chicago, Illinois</b> Zip <b>60611</b>		3. Mailing Address <b>900 N. Michigan Avenue</b> Suite, Apt. #, etc. <b>1450</b> City & State <b>Chicago, Illinois</b> Zip <b>60611</b>		4. FEI Number <b>59-3620109</b> Applied For <input type="checkbox"/> Not Applicable	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2004</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>CRAWFORD REALTY GROUP, L.L.C.</b> <b>16835 KERCHEVAL</b> <b>GROSSE POINTE, MI 48230</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Managing Member</b> <b>Forest Hills Managers, L.L.C.</b> <b>900 N. Michigan Avenue</b> <b>Chicago, Illinois 60611</b>	<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
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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 exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b>  <b>Authorized Representative 4/30/04 (312) 915-1969</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____					

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04282004 Chg-LLC CR2E083 (10/03)