## 2006 LIMITED LIABILITY COMPANY

## Apr 28, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # M00000000440 04-28-2006 90017 050 \*\*\*\*50.00 1. Entity Name CENTERGATE RESIDENTIAL, L.L.C. Principal Place of Business Mailing Address 20038151 ZOO WEST MADISON STREET/SUITE STOO źdd west madison street, suite stóć CHICAGO, IL 60606 CHICAGO, IL 60606 2. Principal Place of Business 3. Mailing Address 71 South Wacker Drive 71 South Wacker Drive Suite, Apt. #, etc. 47th Floor Suite, Apt. #, etc. 47th Floor 04132006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For Chicago, Illinois Chićago, Illinois 36-4169538 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired П 60606 USA 60606 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 City Zip 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** Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES **MGRM** TITLE (X) Change ☐ Addition TEELF ☐ Detete PRITZKER RESIDENTIAL EQUITIES, L.P. NAME NAME 71 South Wacker Drive, 47th Floor 200/WEST/WADSION/STREET/37TH FL STREET ADDRESS STREET ADDRESS Chicago, Illinois 60606 CHICAGO, IL 60606 CITY-ST-71P CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition TITLE Delete

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

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

4/12/06

FILED

312-873-4900

Daytime Phone #

n Kevin Poorman, Vice President