
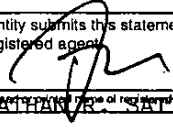
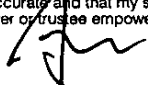


2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

2004 DEC -3 AM 10: 36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M00000000457			
1. Entity Name TRANSWESTERN 312 CLEMATIS, L.L.C. 312 CLEMATIS, LLC			
Principal Place of Business 150 N. WACKER DRIVE, SUITE 800 CHICAGO, IL 60606		Mailing Address 150 N. WACKER DRIVE, SUITE 800 CHICAGO, IL 60606	
2. Principal Place of Business 100 SOUTH OLIVE AVENUE Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 1625 Suite, Apt. #, etc.	
City & State WEST PALM BEACH, FL Zip 33401 Country US		City & State WEST PALM BEACH, FL Zip 33402 Country US	
4. FEI Number 36-4255307		Applied For Not Applicable	
5. Certificate of Status Desired		\$5.00 Additional Fee Required	
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 JONATHAN R. SATTER Street Address (P.O. Box Number is Not Acceptable) 100 SOUTH OLIVE AVENUE City WEST PALM BEACH FL Zip Code 33401	
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  JONATHAN R. SATTER		12/1/04 DATE	
Amended AR is \$50.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ASLAN REALTY PARTNERS, L.P. 150 N. WACKER DRIVE, SUITE 800 CHICAGO, IL 60606 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLEMATIS MANAGEMENT CORP. 100 SOUTH OLIVE AVENUE WEST PALM BEACH, FL 33401 <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	000043173010 <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	12/03/04--01041--001 **50.00
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 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.			
SIGNATURE:  JONATHAN R. SATTER, PRES., CLEMATIS MANAGEMENT CORP., MGR		12/1/04 (561) 659-1806 Date Daytime Phone #	