
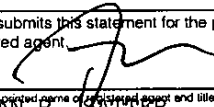
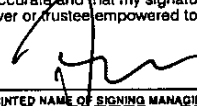


# 2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

2004 DEC -3 AM 10: 36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # M00000000459</b>					
<b>1. Entity Name</b> TRANSWESTERN 222 CLEMATIS, L.L.C. 222 CLEMATIS, LLC					
<b>Principal Place of Business</b> 150 N. WACKER DRIVE SUITE 800 CHICAGO, IL 60606			<b>Mailing Address</b> 150 N. WACKER DRIVE SUITE 800 CHICAGO, IL 60606		
<b>2. Principal Place of Business</b> 100 SOUTH OLIVE AVENUE Suite, Apt. #, etc.		<b>3. Mailing Address</b> P.O. BOX 1625 Suite, Apt. #, etc.			
<b>City &amp; State</b> WEST PALM BEACH, FL Zip 33401 Country US		<b>City &amp; State</b> WEST PALM BEACH, FL Zip 33402 Country US		<b>4. FEI Number</b> 36-4255307	
<b>5. Certificate of Status Desired</b>				Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
<b>6. Name and Address of Current Registered Agent</b> C/T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				<b>7. Name and Address of New Registered Agent</b> 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	
<b>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.</b>					
SIGNATURE  JONATHAN R. SATTER				DATE 12/1/04	
<b>Amended AR is \$50.00</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE MGRM NAME ASLAN REALTY PARTNERS, L.P. STREET ADDRESS 150 N. WACKER DRIVE SUITE 800 CITY-ST-ZIP CHICAGO, IL 60606	<input checked="" type="checkbox"/> Delete		TITLE MGRM NAME CLEMATIS MANAGEMENT CORP. STREET ADDRESS 100 SOUTH OLIVE AVENUE CITY-ST-ZIP 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	<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	
<b>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:  JONATHAN R. SATTER, PRES., CLEMATIS MANAGEMENT CORP., MGR.				DATE 12/1/04 (561) 659-1800	