

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90080 015 ****50.00

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1. Entity Name
TRANSWESTERN AUDUBON VILLAS GP, L.L.C.



Principal Place of Business
150 N. WACKER DR. #800
CHICAGO, IL 60606

Mailing Address
150 N. WACKER DR. #800
CHICAGO, IL 60606



01082004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRP
DUNCAN, ROBERT D
3-D INTERNATIONAL TOWER
HOUSTON, TX 77027

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
~~MGRP
ROWE, RANDALL K
150 N WACKER DR
CHICAGO, IL 60606~~

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRP
QUAZZO, STEPHEN R
150 N WACKER DR
CHICAGO, IL 60606

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRD
FOX, JAMES A
150 N WACKER DR
CHICAGO, IL 60606

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRD
AULIS, ERWIN K
150 N WACKER DR
CHICAGO, IL 60606

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
~~MGRD
BANDOLIK, STEVEN D
150 N WACKER DR
CHICAGO, IL 60606~~

**DO NOT WRITE
IN THIS SPACE**

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: Leah Taylor Moore, Leah T. Moore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/5/04 312.827.7100