## 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# M01000000234

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

FILED Sep 29, 2005 Secretary of State

**Current Principal Place of Business:** New Principal Place of Business:

150 N. WACKER DR. #800 250 S. AUSTRALIAN AVENUE CHICAGO, IL 60606

SUITE 1003

WEST PALM BEACH, FL 33401

**Current Mailing Address: New Mailing Address:** 

250 S. AUSTRALIAN AVENUE 150 N. WACKER DR. #800 CHICAGO, IL 60606

SUITE 1003

WEST PALM BEACH, FL 33401

FEI Number: 36-4255307 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

C T CORPORATION SYSTEM CORPORATION SERVICE COMPANY 1200 SOUTH PINE ISLAND ROAD 1201 HAYS STREET

TALLAHASSEE, FL 32301 PLANTATION, FL 33324 US

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.

SIGNATURE: JEANINE REYNOLDS

09/29/2005

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRP Title: () Delete (X) Change ( ) Addition DUNCAN, ROBERT D Name: Name:

SCHLESINGER, ADAM 3-D INTERNATIONAL TOWER Address: 250 S. AUSTRALIAN AVENUE, SUITE 1003 Address:

City-St-Zip: HOUSTON, TX 77027 City-St-Zip: WEST PALM BEACH, FL 33401

Title: **MGRP** () Delete Title: MGR (X) Change ( ) Addition QUAZZO, STEPHEN R Name: SCHLESINGER, JASON Name:

Address: 150 N WACKER DR Address: 250 S. AUSTRALIAN AVENUE, SUITE 1003

City-St-Zip: CHICAGO, IL 60606 City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGRD (X) Delete Title: () Change () Addition

FOX, JAMES A Name: Name: 150 N WACKER DR Address: Address: City-St-Zip: CHICAGO, IL 60606 City-St-Zip:

Title: MGRD (X) Delete Title: () Change () Addition

Name: AULIS, ERWIN K Name: Address: 150 N WACKER DR Address: City-St-Zip: CHICAGO, IL 60606 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ADAM SCHLESINGER 09/29/2005