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## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # MO100001081

| 1. Entity Name  LANSBROOK CAMBRIDGE APARTMENTS, L.L.C. |                        |  |         |  |  |
|--|------------------------|--|---------|--|--|
| Principal Place of Bu                                  | siness                 | Mailing Address                                      |         |  |  |
| 200 WEST MADISON ST., 37TH FLOOR<br>CHICAGO IL 60606   |                        | 200 WEST MADISON ST., 37TH FLOOR<br>CHICAGO IL 60606 |         |  |  |
| 2. Principal Place of Business                         |                        | 3. Mailing Address                                   |         |  |  |
| Suite, Apt. #, etc.                                    |                        | Suite, Apt. #, etc.                                  |         |  |  |
| City & State   |                        | City & State   |         |  |  |
| Zip  | Country                | Zip  | Country |  |  |
| 6. 1   | lame and Address of Cu | irrent Registered Agent                              |         |  |  |

DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 36-4398874 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE ☐ Delete TITLE **★**X Addition Pritzker Residential Equities, L.P. NAME NAME 200 W. Madison St., Suite 3700 STREET ADDRESS STREET ADDRESS Chicago, IL 60606 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling 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.

Pritzker Residential Equities, L.P., a Delaware limited partnership, the sole member

PRE GP, Inc., a Delaware orporation the sole general partner

E: John Kevin Poorman, VP

NATURE AND POOR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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4/16/02