


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 08, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M01000001681</b> 1. Entity Name ROYAL PALM BUSCH GARDENS, L.L.C.	
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Principal Place of Business 820 E. BUSCH BLVD. TAMPA, FL 33612-8005 US	Mailing Address 555 SKOKIE BLVD., STE. 555 NORTHBROOK, IL 60062
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**DO NOT WRITE IN THIS SPACE**



03022005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 36-4440204	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LINCOLNSHIRE ASSOCIATES II, L/P/ 555 SKOKIE BLVD., STE 555 NORTHBROOK, IL 600621287
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1100000255645  
03/08/05-80025-012 50.00

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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:  <b>DAVID COLBURN</b>	Date: <b>2 MAR 2005</b>	Daytime Phone #: <b>847-313-6400</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		