

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000001681

FILED
Aug 11, 2006
Secretary of State

Entity Name: ROYAL PALM BUSCH GARDENS, L.L.C.

Current Principal Place of Business:

820 E. BUSCH BLVD.
TAMPA, FL 336128005 US

New Principal Place of Business:

555 SKOKIE BLVD.
SUITE 555
NORTHBROOK, IL 60062 US

Current Mailing Address:

555 SKOKIE BLVD., STE. 555
NORTHBROOK, IL 60062

New Mailing Address:

2 N. LASALLE ST.
SUITE 1300
CHICAGO, IL 60602

FEI Number: 36-4440204 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: LINCOLNSHIRE ASSOCIA, TES II, L/P/
Address: 555 SKOKIE BLVD., STE 555
City-St-Zip: NORTHBROOK, IL 600621287

Title: MGR (X) Change () Addition
Name: COLBURN, DAVID
Address: 555 SKOKIE BLVD., STE 555
City-St-Zip: NORTHBROOK, IL 60062

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: DAVID COLBURN

MGR

08/11/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date