

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 10, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90593 032 \*\*\*\*50.00

**DOCUMENT # M01000002045**

1. Entity Name

**OSCEOLA COUNTY APARTMENTS PHASE 2, L.L.C.**

Principal Place of Business

Mailing Address

**200 WEST MADISON STREET**  
**37TH FL**  
**CHICAGO IL 60606**

**200 WEST MADISON STREET**  
**37TH FL**  
**CHICAGO IL 60606**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**03-0452544**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 NAME STREET ADDRESS CITY-ST-ZIP	DELETE <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
MGR PRITZER RESIDENTIAL EQUITIES, L.P. 200 WEST MADISON STREET, 37TH FL CHICAGO IL	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

By: Pritzer Residential Equities, L.P., a Delaware limited partnership, the sole member  
 By: PRE GP, Inc., a Delaware corporation, the sole general partner

**SIGNATURE:**

*John Kevin Poorman*  
 John Kevin Poorman, VP

4/16/02

312-920-2400

Date

Daytime Phone #

CR2E083 (9/01)