2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

John Kevin Poorman, Vice President

DOCUMENT # M01000002045

1. Entity Name

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



FILED Apr 29, 2005 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

200 WEST MADISON STREET 37TH FL CHICAGO, IL 60606

200 WEST MADISON STREET 37TH FL CHICAGO, IL 60606



02032005 No Chg-LLC

CR2E083 (10/03)

| 02.0452544 | 4. FEI Number | Applied For |
|------------|---------------|----------------|
| U3-U40Z044 | 03-0452544 | Not Applicable |

5. Certificate of Status Desired

\$5.00 Additional Fee Required

04/18/05

| 6. Name and Address of Current Registered | Agent |
|---|-------|
| | |
| ORPORATION SERVICE COMPANY | |

1201 HAYS STREET ALLAHASSEE EL 32301-2525

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| | named entify submits this statement for the purpose of changing its registe ions of registered agent. | red office or registered agent, or both, in the State of Florida. I am familiar with, and accept | | |
| SIGNATURE | Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registor | ed Agent signature required when reinstating) DATE | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | | | |
| 9. | MANAGING MEMBERS/MANAGERS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PRITZER RESIDENTIAL EQUITIES, L.P. 200 WEST MADISON STREET, 37TH FL CHICAGO, IL | U00000341558 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | 04/29/05-80022-005 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. By: Pritzker Residential Equities, L.P., a Delawre limited partnership, the sole member By: PRE GF, Inc., a Delaware consoration, thesole general partner SIGNATURE: SIGNATURE AND PRED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Date Date Description of the information statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is made under oath; that I am a managing member or manager of the limited under oath; that I am a managing member or manager of the limited under oath; that I am a managing member or manager of the limited under oath; that I am a managing member or manager of the limited under oath; that I am a managing member or manager of the limited under oath; that I am a managing member or manager of the limited under oath; that I am a managing member or manager of the limited under oath; that I am a managing member or manager of the limited under oath; that I am a managing member or manager of the limited under oath; that I am a managing member or manager of the limited under oath; that I am a managing member or manager of the limited under oath; that I am a managing member or manager of the limited under oath; that I am a managing member or manager of the limited under oath; that I am a managing member or manager of the limited under oath; that I am a managing member or manager of the limited under oath; that I am a managing member or manager of the limited under oath; | | | | |
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