

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

APPROVED
AND
FILED
04-28-2006 90017 046 ****50.00
M01000002045

06 APR 28 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1062

DOCUMENT # M01000002045 1. Entity Name OSCEOLA COUNTY APARTMENTS PHASE 2, L.L.C.					
Principal Place of Business 200 WEST MADISON STREET 8TH FL CHICAGO, IL 60606			Mailing Address 200 WEST MADISON STREET 8TH FL CHICAGO, IL 60606		
2. Principal Place of Business 71 South Wacker Drive Suite, Apt. #, etc. 47th Floor		3. Mailing Address 71 South Wacker Drive Suite, Apt. #, etc. 47th Floor			
City & State Chicago, Illinois		City & State Chicago, Illinois			
Zip 60606		Country USA		4. FEI Number 03-0452544	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PRITZER RESIDENTIAL EQUITIES, L.P. 200 WEST MADISON STREET, 8TH FL CHICAGO, IL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	71 South Wacker Drive, 47th Floor Chicago, Illinois 60606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: See Annex A attached hereto and made a part hereof.					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					

ATTACHMENT

20038155

For

M01000002045

Osceola County Apartments Phase 2, L.L.C.

pg 202

OSCEOLA COUNTY APARTMENTS PHASE 2, L.L.C., a
Delaware limited liability company

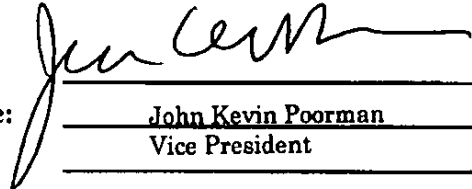
By: Pritzker Residential Equities, L.P., a Delaware
limited partnership, the sole member

By: PRE GP, Inc., a Delaware corporation, the
general partner

By:

Name:

Title:


John Kevin Poorman
Vice President

APPROVED
AND
FILED

06 APR 28 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA