

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000002424

Entity Name: HOMETOWN AMERICA, L.L.C.

FILED  
Apr 24, 2007  
Secretary of State

**Current Principal Place of Business:**

150 NORTH WACKER DR  
SUITE 2800  
CHICAGO, IL 60606

**New Principal Place of Business:**

150 NORTH WACKER DR  
SUITE 2800  
CHICAGO, IL 60606

**Current Mailing Address:**

**New Mailing Address:**

FEI Number: 36-4196688      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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:**

Title: MGR ( ) Delete  
Name: HOMETOWN RESIDENTIAL, MANAGER, LLC  
Address: 150 N WACKER DR STE 2800  
City-St-Zip: CHICAGO, IL 60606

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: HOMETOWN RESIDENTIAL, MANAGER, L.L. C .  
Address: 150 N WACKER DR STE 2800  
City-St-Zip: CHICAGO, IL 60606

I hereby certify that the information supplied with this filing does not qualify 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: MARCELA GODOY, AUTHORIZED AGENT

MGR

04/24/2007

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