


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jun 01, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90076 003 \*\*\*\*50.00

<b>DOCUMENT # M03000002462</b>	
1. Entity Name <b>SHADY LANE SPE LLC</b>	

Principal Place of Business <b>6160 S. SYRACUSE WAY GREENWOOD VILLAGE, CO 80111</b>	Mailing Address <b>C/O HOMETOWN AMERICA-T. COORSH, CFO 150 N. WACKER DR., STE. 900 CHICAGO, IL 60606</b>
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**34007817**



2. Principal Place of Business <b>150 N. Wacker Drive</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04222004 Chg-LLC CR2E083 (10/03)

City & State <b>Chicago, IL</b>	City & State
Zip <b>60606</b>	Country <b>USA</b>

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.

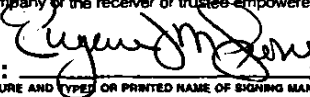
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CP LIMITED PARTNERSHIP 6160 S. SYRACUSE WAY GREENWOOD VILLAGE, CO 80111</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR Hometown Residential Manager, L.L.C. c/o Hometown America, L.L.C. 150 N. Wacker Drive Chicago, IL 60606</b> <input type="checkbox"/> Change <input checked="" 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
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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.

SIGNATURE:  Eugene J.M. Leone, Authorized Person, 5/24/04 312/915-3113