

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90076 002 ****50.00

DOCUMENT # M03000002464

1. Entity Name
HIDDEN VALLEY SPE LLC



Principal Place of Business
**6160 S. SYRACUSE WAY
GREENWOOD VILLAGE, CO 80111**

Mailing Address
**C/O HOMETOWN AMERICA-T. COORSH, CFO
150 N. WACKER DR., STE. 900
CHICAGO, IL 60606**

24058753



2. Principal Place of Business
150 N. Wacker Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04222004 Chg-LLC CR2E083 (10/03)

City & State

Chicago, IL

City & State

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip

60606

Country

USA

Zip

Country

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

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(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
**MGRM
CP LIMITED PARTNERSHIP
6160 S. SYRACUSE WAY
GREENWOOD VILLAGE, CO 80111** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
Hometown Residential Manager, L.L.C.
150 N. Wacker Drive
Chicago, IL 60606** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: Please see attached signature page.

04/22/2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Attachment

24058799

#M0300002464

Signature Page

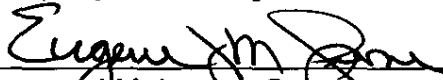
2004 Limited Liability Company Annual Report

HIDDEN VALLEY SPE LLC

Hidden Valley SPE LLC, a DE limited liability company

By: Hometown Residential Manager, L.L.C., a DE limited liability company, Its Manager

By:


Eugene J.M. Leone, Secretary