FILED
Jun 14, 2004 8:00 am
Secretary of State

04-23-2004 90011 015 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

34008575

03152004 Chg-LLC CR2E083 (10/03)

DOCUMENT # M03000002594

1. Entity Name
AUDUBON VILLAGE SPE LLC

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

2. Principal Place of Business		3. Mailing Address	
150 N. Wacker Drive		150 N. Wacker Drive	
Suite, Apt. #, etc. Suite 900		Suite, Apt. #, etc. Suite 900	
City & State Chicago, IL		City & State Chicago, IL	
Zip 60606	Country U.S.A.	Zip 60606	Country U.S.A.

4. FEI Number 38-3140664 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

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	Managing Member ☐ Change ☒ Addition Hometown Communities Limited Partnership 150 N. Wacker Drive, Suite 900, Chicago, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE 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: Eugene J.M. Leone, Authorized Person, 5/24/04 312/915-3113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #