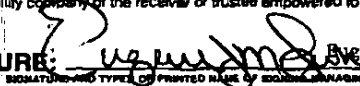


FILED
Jun 14, 2004 8:00 am
Secretary of State

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

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # M03000002594			
1. Entity Name AUDUBON VILLAGE SPE LLC			
Principal Place of Business 6160 S. SYRACUSE WAY GREENWOOD VILLAGE, CO 80111		Mailing Address 6160 S. SYRACUSE WAY GREENWOOD VILLAGE, CO 80111	
2. Principal Place of Business 150 N. Wacker Drive		3. Mailing Address 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.	
Country U.S.A.		Zip 60606	
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 re-registering) 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		TITLE NAME STREET ADDRESS CITY-ST-ZIP Managing Member Bometown Communities Limited Partnership 150 N. Wacker Drive, Suite 900, Chicago, IL 60606	
☒ Delete		☐ Change ☒ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ 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 TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	