2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000002594

Entity Name: AUDUBON VILLAGE SPE LLC

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 150 N. WACKER DRIVE C/O HOMETOWN AMERICA 150 N. WACKER DRIVE **SUITE 2800** SUITE 2800 CHICAGO, IL 60606 CHICAGO, IL 60606 US **Current Mailing Address:** New Mailing Address: 150 N. WACKER DRIVE C/O HOMETOWN AMERICA 150 N. WACKER DRIVE SUITE 2800 SUITE 2800 CHICAGO, IL 60606 CHICAGO, IL 60606 US FEI Number: 38-3140664 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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: ADDITIONS/CHANGES: Title: () Delete (X) Change () Addition HOMETOWN COMMUNITIES, LIMITED PARTN E RSHIP HOMETOWN COMMUNITIES, LIMITED PARTN E RSHIP Name: Name: 150 N. WACKER DRIVE STE 2800 Address: 150 N. WACKER DRIVE, SUITE 2800 Address: City-St-Zip: CHICAGO, IL 60606 City-St-Zip: CHICAGO, IL 60606 US Title: Title: () Change (X) Addition () Delete Name: CLINE, JR., RICHARD G Name: Address: Address: 150 N. WACKER DRIVE, SUITE 2800 City-St-Zip: City-St-Zip: CHICAGO, IL 60606 US Title: () Delete Title: **PRES** () Change (X) Addition O'BERRY, GREGORY A Name: Name: 150 N. WACKER DRIVE, SUITE 2800 Address: Address: City-St-Zip: City-St-Zip: CHICAGO, IL 60606 US Title: () Delete Title: CIO () Change (X) Addition Name: Name: ZILIS, PATRICK C 150 N. WACKER DRIVE, SUITE 2800 Address: Address: City-St-Zip: City-St-Zip: CHICAGO, IL 60606 US Title: () Delete Title: () Change (X) Addition BRAUN, STEPHEN H Name: Name: 150 N. WACKER DRIVE, SUITE 2800 Address: Address: City-St-Zip: City-St-Zip: CHICAGO, IL 60606 US Title: () Delete Title: () Change (X) Addition CURATOLO, THOMAS Name: Name: Address: Address: 150 N. WACKER DRIVE, SUITE 2800 CHICAGO, IL 60606 US City-St-Zip: City-St-Zip:

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 MGRM 04/30/2008