

MO4000000440

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

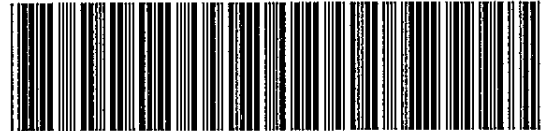
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
04 JUL 20 AM 10:50
DIVISION OF CORPORATION

FILED
04 JUL 20 PM 4:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 792711 4320909

AUTHORIZATION

COST LIMIT : \$ 25.00

FILED
04 JUL 20 11 14 AM
TALLAHASSEE
SECRETARY OF STATE
FLORIDA

ORDER DATE : July 6, 2004

ORDER TIME : 8:42 AM

ORDER NO. : 792711-025

CUSTOMER NO: 4320909

CUSTOMER: Ms. Virginia Wojtowicz/hyatt
Latham & Watkins
Suite 5800, Sears Tower
233 South Wacker Drive
Chicago, IL 60606

FOREIGN FILINGS

NAME: HBC ASSOCIATES, LLC

XX LLC

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman -- EXT# 2908

EXAMINER: _____

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO
FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

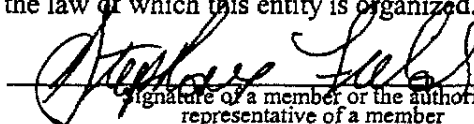
FILED
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TALLAHASSEE, FLORIDA

SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of State: HBC Associates, LLC
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: February 3, 2004

SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? Not Applicable
5. New name of the limited liability company: _____
Not Applicable
6. If the amendment changes the period of duration, indicate new period of duration: _____
Not Applicable
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: _____
Not Applicable
8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: Name of the sole mbr/mgr is CC-Development Group, Inc.
whose address is 200 West Madison Street, Suite 3700, Chicago, IL 60606
9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of a member or the authorized
representative of a member

Stephanie Fields

Typed or printed name of signer

Filing Fee: \$25.00