## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP

## FILED May 13, 2005 08:00 AM Secretary of State

DOCUMENT # M0400002384  1. Entity Name REALO ESTATO, LLC	Secretary of State
Principel Place of Business Mailing Address 676 NORTH MICHIGAN AVE., SUITE 3450 676 NORTH MICHIGAN AVE., S CHICAGO, IL 60611 CHICAGO, IL 60611	SUITE 3450
DO NOT WRITE IN THIS SPA	01182005No Chg-LLC CR2E083 (10/03)
6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	DO NOT WRITE IN THIS SPACE
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.  Signalure, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE  Filling Fee Is \$50.00  Due by May 1, 2005	
9. MANAGING MEMBERS/MANAGERS  ITILE MGR  NAME COWELL, CASEY  STREET ADDRESS CITY-ST-ZIP CHICAGO, IL 60611  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  TITLE  TITLE  TITLE	U00000366586 05/13/05-80009-022 50.00
THLE NAME SIREET ADDRESS CITY ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). 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 MALL CALLOS BOOK SOLD STOLL FINKS 41. 105 312-943-4419

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE TO THE DESIGN PROGRAM

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

DESIGNATURE OF THE PROGRAM PROGR