2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000001888

City-St-Zip:

Entity Name: TOWNHOMES OF VIOLET'S FARM, LLC

FILED Feb 18, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 375 WEST 83RD STREET BURR RIDGE, IL 60527 **Current Mailing Address: New Mailing Address:** 375 WEST 83RD STREET BURR RIDGE, IL 60527 FEI Number: 35-2210171 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 LORCH, GARY 2670 CŔEIGHTON RD 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US PENSACOLA, FL 32504 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: GARY LORCH 02/18/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete TRIMPH REAL ESTATE,I, NC. Name: Name: Address: 375 WEST 83RD STREET Address: City-St-Zip: BURR RIDGE, IL 60527 City-St-Zip: Title: () Delete Title: PRES () Change (X) Addition Name: Name: BECKERMAN, MICHAEL A Address: Address: 8491 CLYNDERVEN RD City-St-Zip: City-St-Zip: BURR RIDGE, IL 60527 Title: () Delete Title: () Change (X) Addition BECKERMAN, DAWN M Name: Name: 8491 CLYNDERVEN RD Address: Address:

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.

City-St-Zip:

BURR RIDGE, IL 60527

SIGNATURE: TRIUMPH REAL ESTATE INC/ DAWN BECKERMAN

VP

02/18/2009