2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2012
Secretary of State

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Entity Name: TOWNHOMES OF VIOLET'S FARM, LLC

Current Principal Place of Business:

375 WEST 83RD STREET
BURR RIDGE, IL 60527

New Principal Place of Business:

8491 CLYNDERVEN RD
BURR RIDGE, IL 60527

Current Mailing Address:

375 WEST 83RD STREET
BURR RIDGE, IL 60527

New Mailing Address:

8491 CLYNDERVEN RD
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:

DIBATTISTA, ARIELLE
2670 CREIGHTON RD
PENSACOLA, FL 32504 US

Name and Address of New Registered Agent:

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:

Title: MGRM
Name: TRIMPH REAL ESTATE,INC.
Address: 7035 VETERANS BLVD
City-St-Zip: BURR RIDGE, IL 60527

Title: PRES
Name: BECKERMAN, MICHAEL A
Address: 8491 CLYNDERVEN RD
City-St-Zip: BURR RIDGE, IL 60527

Title: VP
Name: BECKERMAN, DAWN M
Address: 8491 CLYNDERVEN RD
City-St-Zip: BURR RIDGE, IL 60527

Title: NA
Name: NA, NA
Address: 8491 CLYNDERVEN RD
City-St-Zip: BURR RIDGE, IL 60527

Title: NA
Name: NA, NA
Address: 8491 CLYNDERVEN RD
City-St-Zip: BURR RIDGE, IL 60527

Title: NA
Name: NA, NA
Address: 8491 CLYNDERVEN RD
City-St-Zip: BURR RIDGE, IL 60527

I hereby 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 Statues.

SIGNATURE: MICHAEL BECKERMAN PRES 01/12/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date