


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000002830		
1. Entity Name ORLANDO PLANTATION PARK, LLC		

Principal Place of Business 1212 NORTH LASALLE STREET, SUITE 100 CHICAGO, IL 60610	Mailing Address 1212 NORTH LASALLE STREET, SUITE 100 CHICAGO, IL 60610
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2. Principal Place of Business 1030 North Clark Street Suite, Apt. #, etc. Suite 300 City & State Chicago IL Zip 60610 Country USA	3. Mailing Address 1030 North Clark Street Suite, Apt. #, etc. Suite 300 City & State Chicago IL Zip 60610 Country USA
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**FILED**  
2006 JUL 31 PM 3: 32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07062006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$50.00 Due by September 6, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ORLANDO PLANTATION CONSULTANTS, INC. 1212 NORTH LASALLE STREET, SUITE 100 CHICAGO, IL 60610 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Orlando Plantation Consultants, Inc. 1030 North Clark Street, Suite 300 Chicago IL 60610 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200078159032 <input type="checkbox"/> Change <input type="checkbox"/> Addition 07/31/06--01005--012 **85.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Anthony R.D. Benedetto 7/11/06 312-595-4700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #