

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000004995

**FILED**  
**Apr 19, 2008**  
**Secretary of State**

**Entity Name:** STONEGATE COMPLEX GP, L.L.C.

**Current Principal Place of Business:**

737 NORTH MICHIGAN AVE  
CHICAGO, IL 60611

**New Principal Place of Business:**

**Current Mailing Address:**

737 NORTH MICHIGAN AVE  
CHICAGO, IL 60611

**New Mailing Address:**

**FEI Number:** 20-3294725

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: MGM ( ) Delete  
Name: HENDERSON N.A. PROPE, RTY FUND HOLDI N GS, LLC  
Address: 737 NORTH MICHIGAN AVE  
City-St-Zip: CHICAGO, IL 60611

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: HENDERSON NA PROPERT, Y FUND HOLDING S , L.L.C  
Address: 737 NORTH MICHIGAN AVE  
City-St-Zip: CHICAGO, IL 60611

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.

SIGNATURE: CRYSTAL FICKEN

POA

04/19/2008

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