

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000005531

FILED
Mar 04, 2008
Secretary of State

Entity Name: MARCO SHORES ESTATES MHP, LLC

Current Principal Place of Business:

1500 MANATEE ROAD
NAPLES, FL 34114

New Principal Place of Business:

Current Mailing Address:

55 EAST JACKSON BLVD., 5TH FLOOR
CHICAGO, IL 60604

New Mailing Address:

191 N. WACKER DR.
1800
CHICAGO, IL 60606

FEI Number: 20-3712563

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 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: MGR () Delete
Name: O'MALLEY, PATRICK
Address: 55 EAST JACKSON BLVD., 5TH FLOOR
City-St-Zip: CHICAGO, IL 60604

Title: MGR () Delete
Name: FOX, GREGG
Address: 55 EAST JACKSON BLVD., 5TH FLOOR
City-St-Zip: CHICAGO, IL 60604

Title: MGR () Delete
Name: TULLY, JAMES
Address: 55 EAST JACKSON BLVD., 5TH FLOOR
City-St-Zip: CHICAGO, IL 60604

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PATRICK O'MALLEY

MGR

03/04/2008

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