2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

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Apr 21, 2006 08:00 AM Secretary of State **DOCUMENT # M05000006130** RIVERVIEW FORT MYERS APARTMENTS LLC Malling Address Principal Place of Business 212 WEST VAN BUREN STREET, 9TH FLOOR 212 WEST VAN BUREN STREET, 9TH FLOOR CHICAGO, IL 60607 CHICAGO, IL 60607 02202006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-3705799 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NRAI SERVICES, INC. DO NOT WRITE 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331 IN THIS SPACE 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 (amiliar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent algoriture required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 3. MGR TITLE RIVERVIEW FORT MYERS MEZZANINE LLC NAME 212 WEST VAN BUREN STREET, 9TH FLOOR STREET ADDRESS CITY-ST-ZIP CHICAGO, IL 60607 U00000524512 05/03/06-80113-014 50.00 TITLE NAME STREET ADDRESS CHY-ST-ZE TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP ITTLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I lutther 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 cecivier or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED

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