

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000006453

FILED
Apr 29, 2012
Secretary of State

Entity Name: MHC WINDS OF ST. ARMANDS NORTH, L.L.C.

Current Principal Place of Business:

TWO NORTH RIVERSIDE PLAZA, SUITE 800
CHICAGO, IL 60606

New Principal Place of Business:

Current Mailing Address:

TWO NORTH RIVERSIDE PLAZA, SUITE 800
CHICAGO, IL 60606

New Mailing Address:

FEI Number: 20-3796368

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: MHC OPERATING LIMITED PARTNERSHIP
Address: TWO NORTH RIVERSIDE PLAZA, SUITE 800
City-St-Zip: CHICAGO, IL 60606

Title: SVP
Name: KROOT, KENNETH
Address: TWO NORTH RIVERSIDE PLAZA, SUITE 800
City-St-Zip: CHICAGO, IL 60606

Title: VP
Name: JACCARD, WALTER
Address: TWO NORTH RIVERSIDE PLAZA, SUITE 800
City-St-Zip: CHICAGO, IL 60606

Title: VPT
Name: SEAVEY, PAUL
Address: TWO NORTH RIVERSIDE PLAZA, SUITE 800
City-St-Zip: CHICAGO, IL 60606

Title: VP
Name: FIELD, NORM
Address: TWO NORTH RIVERSIDE PLAZA, SUITE 800
City-St-Zip: CHICAGO, IL 60606

Title: VP
Name: LINDERS, MARTINA
Address: TWO NORTH RIVERSIDE PLAZA, SUITE 800
City-St-Zip: CHICAGO, IL 60606

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 Statutes.

SIGNATURE: KENNETH KROOT

SVP

04/29/2012

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