

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # M06000001634**  
 1. Entity Name  
**BLUE LAGOON OWNERCO, LLC**



Principal Place of Business  
**900 NORTH MICHIGAN AVE., SUITE 1450  
 CHICAGO, IL 60611**

Mailing Address  
**900 NORTH MICHIGAN AVE., SUITE 1450  
 CHICAGO, IL 60611**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

**FILED**

08 OCT -3 PM 4:21

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

4129108 90020 002 138-75  
 04152008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**65-1270409**

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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.

**Jill Duffy-Baricovich**  
**Assistant Secretary**

SIGNATURE *Jill Duffy-Baricovich* DATE **10-2-08**

Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

Make check payable to  
 Florida Department of State

9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES			
TITLE	MGRM	<input checked="" type="checkbox"/> Delete		TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PLATINUM OWNERCO, LLC			NAME	Blue Lagoon OwnerCo Mezzanine II, LLC		
STREET ADDRESS	900 NORTH MICHIGAN AVE., SUITE 1450			STREET ADDRESS	900 N. Michigan Ave., Suite 1450		
CITY - ST - ZIP	CHICAGO, IL 60611			CITY - ST - ZIP	Chicago, IL 60611		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			

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: *Karon M. Ewing* Authorized Signatory 04/15/08 (312) 915-1969

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

10/20