



# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90027 035 \*\*\*\*50.00

<b>DOCUMENT # M06000004018</b> 1. Entity Name <b>JACKSONVILLE CONCOURSE III, LLC</b>					
Principal Place of Business <b>THE NORTHWESTERN MUTUAL LIFE INSURANCE CO</b> <b>P.O. BOX 3170</b> <b>MILWAUKEE, WI 53201-3170</b>			Mailing Address <b>THE NORTHWESTERN MUTUAL LIFE INSURANCE CO</b> <b>P.O. BOX 3170</b> <b>MILWAUKEE, WI 53201-3170</b>		
2. Principal Place of Business - No P.O. Box # <b>720 East Wisconsin Avenue</b>		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Milwaukee, WI</b>		City & State		4. FEI Number <b>20-5329866</b>	
Zip <b>53202</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	
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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Millbrook Apartments Associates, LLC</b> <b>720 East Wisconsin Avenue</b> <b>Milwaukee, WI 53202</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<div style="text-align: center;"> <b>David E. Willert, Authorized Representative</b> </div>					
<b>SIGNATURE:</b> 			4/18/2007 (414)665-2260		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

# ATTACHMENT

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## NM Law Department

### NM Subsidiaries

#### Subsidiary Information

**Name of Corporation:** Jacksonville Concourse III, LLC

**State of Incorporation:** Delaware (DE)

**State ID No.:** 4175208

**State Tax ID No.:**

**Date of Original Incorporation:** 06/14/2006

**Date of Subsequent Incorporation, if applicable:**

**Registered Agent for Delaware (DE) (optional):** The Corporation Trust Company

**Legal Entity Type:** Limited Liability Company

**Managed By (LLCs only):** Member-managed

**Purpose:**

**Federal EIN:** 20-5329866

**Annual Meeting Date Per Bylaws:**

**Actual Annual Meeting Held:**

**Members/Partners/Shareholders:** Millbrook Apartments Associates, L.L.C.

**Directors:**

**Officers and Titles (Addresses and Phone Numbers if Applicable):**

**Other States Authorized to do Business In:**

State	State ID No.	State Tax ID	Date of Authorization	Assumed Name (s) (d/b/a), if applicable	Registered Agent for Other Authorized States (optional)
Florida (FL)	M06000004018		07/19/2006		CT Corporation System

**Related Investments (Current):** 335152 & 335153 (Millbrook Concourse)

**Related Investments (Historical):**

**Internal Classification:** Investment Company

**Non-NM Third Party Name/Address:**

**Implementing Member:** Northwestern Mutual