2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State
04-27-2007 90027 049 ****50.00

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04172007 Chg-LLC CR2E083 (12/06)

DOCUMENT # M06000004043

1. Entity Name
JACKSONVILLE CONCOURSE, LLC

Principal Place of Business	Mailing Address
THE NORTHWEST MUTUAL LIFE INSURANCE CO PO BOX 3170 MILWAUKEE, WI 53201-3170	THE NORTHWEST MUTUAL LIFE INSURANCE CO PO BOX 3170 MILWAUKEE, WI 53201-3170

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
720 East Wisconsin Avenue			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Milwaukee, WI		City & State	
Zip: 53202	Country: USA	Zip	Country

4. FEI Number: 20-5329757 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	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.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THE NORTHWESTERN MUTAL LIFE INSURANCE CO PO BOX 3170 MILWAUKEE, WI 532013170	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Millbrook Apartments Associates, LLC 720 East Wisconsin Avenue Milwaukee, WI 53202	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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.

~~David E.~~ Willert, Authorized Representative

SIGNATURE: ______________________ 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, LLC
State of Incorporation: Delaware (DE)
State ID No.: 4175203
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: 20-5329757

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)	M06000004043		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