

**2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# M07000001831

**FILED**  
**May 07, 2009**  
**Secretary of State****Entity Name:** COVINGTON ESTATES MHC, L.L.C.**Current Principal Place of Business:**150 N. WACKER DR, STE 2800  
CHICAGO, IL 60606**New Principal Place of Business:**150 N. WACKER DR,  
SUITE 2800  
CHICAGO, IL 60606 US**Current Mailing Address:**150 N. WACKER DR, STE 2800  
CHICAGO, IL 60606**New Mailing Address:**150 N. WACKER DR,  
SUITE 2800  
CHICAGO, IL 60606 US**FEI Number:** 38-3140664**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: MGR ( ) Delete  
Name: HOMETOWN RESIDENTIAL MANAGER, L.L.C.  
Address: 150 N. WACKER DR, STE 2800  
City-St-Zip: CHICAGO, IL 60606

Title: CEO ( ) Delete  
Name: CLINE, JR, RICHARD G  
Address: C/O HTA 150 N WACKER DRIVE SUITE 2800  
City-St-Zip: CHICAGO, IL 60606 US

Title: PRES ( ) Delete  
Name: O'BERRY, GREGORY A  
Address: C/O HTA 150 N WACKER DRIVE SUITE 2800  
City-St-Zip: CHICAGO, IL 60606 US

Title: CIO ( ) Delete  
Name: ZILIS, PATRICK C  
Address: C/O HTA 150 N WACKER DRIVE SUITE 2800  
City-St-Zip: CHICAGO, IL 60606 US

Title: SVP ( ) Delete  
Name: BRAUN, STEPHEN H  
Address: C/O HTA 150 N WACKER DRIVE SUITE 2800  
City-St-Zip: CHICAGO, IL 60606 US

Title: VPT ( ) Delete  
Name: CURATOLO, THOMAS  
Address: C/O HTA 150 N WACKER DRIVE SUITE 2800  
City-St-Zip: CHICAGO, IL 60606 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: HOMETOWN COMMUNITIES LIMITED PARTNERSHIP  
Address: 150 N. WACKER DR, STE 2800  
City-St-Zip: CHICAGO, IL 60606 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: RICHARD G. CLINE, JR.

CEO

05/07/2009

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