

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000001831

FILED
Apr 17, 2012
Secretary of State

Entity Name: COVINGTON ESTATES MHC, L.L.C.

Current Principal Place of Business:

150 N. WACKER DR,
SUITE 2800
CHICAGO, IL 60606 US

New Principal Place of Business:

150 N. WACKER DR.
SUITE 2800
CHICAGO, IL 60606 US

Current Mailing Address:

150 N. WACKER DR,
SUITE 2800
CHICAGO, IL 60606 US

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

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

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

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

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

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: STEPHEN H. BRAUN

P

04/17/2012

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