2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# M07000002295

Entity Name: KLAC REX, LLC

Current Principal Place of Business:

C/O KALFF REALTY, LP
122 S. MICHIGAN AVENUE, SUITE 1000
CHICAGO, IL 60603

New Principal Place of Business:

C/O KLAFF REALTY, LP
122 S. MICHIGAN AVENUE, SUITE 1000
CHICAGO, IL 60603

Current Mailing Address:

C/O KALFF REALTY, LP
122 S. MICHIGAN AVENUE, SUITE 1000
CHICAGO, IL 60603

New Mailing Address:

C/O KLAFF REALTY, LP
122 S. MICHIGAN AVENUE, SUITE 1000
CHICAGO, IL 60603

FEI Number: 20-8876797 **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: WEIDHORN, IRA
Address: 535 MADISON AVENUE, 5TH FLOOR
City-St-Zip: NEW YORK, NY 10022

Title: MGR ( ) Delete
Name: SMITH, STEPHEN A
Address: 122 S. MICHIGAN AVE., SUITE 1000
City-St-Zip: CHICAGO, IL 60603

ADDITIONS/CHANGES:

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: STEPHEN A. SMITH MGR 04/21/2009

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