2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 30, 2009
Secretary of State

DOCUMENT# M07000004490

Entity Name: BRECKENRIDGE APARTMENTS, LLC

Current Principal Place of Business:

% ASB CAPITAL MANAGEMENT
7501 WISCONSIN AVE - STE 200
BETHESDA, MD 20814

New Principal Place of Business:

C/O THE SCION GROUP
30 W. HUBBARD, FIFTH FLOOR
CHICAGO, IL 60654

Current Mailing Address:

% ASB CAPITAL MANAGEMENT
7501 WISCONSIN AVE - STE 200
BETHESDA, MD 20814

New Mailing Address:

C/O THE SCION GROUP
30 W. HUBBARD, FIFTH FLOOR
CHICAGO, IL 60654

FEI Number: 26-0390638 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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 ( ) Delete
Name: THE SCION GROUP, LLC
Address: 30 W HUBBARD - FIFTH FLOOR
City-St-Zip: CHICAGO, IL 60610

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: THE SCION GROUP, LLC
Address: 30 W HUBBARD - FIFTH FLOOR
City-St-Zip: CHICAGO, IL 60654

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: ROBERT BRONSTEIN, PRESIDENT MGRM 06/30/2009

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