2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000003499

Entity Name: MHC BEACON TERRACE, L.L.C.

Apr 29, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2 NORTH RIVERSIDE PLAZA TWO NORTH RIVERSIDE PLAZA, SUITE 800 CHICAGO, IL 60606

CHICAGO, IL 60606

Current Mailing Address: New Mailing Address:

2 NORTH RIVERSIDE PLAZA TWO NORTH RIVERSIDE PLAZA, SUITE 800 CHICAGO, IL 60606

CHICAGO, IL 60606

FEI Number: 45-2755792 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US

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:

MHC OPERATING LIMITED PARTNERSHIP Name: Address: TWO NORTH RIVERSIDE PLAZA, SUITE 800

City-St-Zip: CHICAGO, IL 60606

Title:

Name: KROOT, KENNETH

Address: TWO NORTH RIVERSIDE PLAZA, SUITE 800

City-St-Zip: CHICAGO, IL 60606

Title: VΡ

JACCARD, WALTER Name:

TWO NORTH RIVERSIDE PLAZA, SUITE 800 Address:

City-St-Zip: CHICAGO, IL 60606

Title: VPT

Name: SEAVEY, PAUL

TWO NORTH RIVERSIDE PLAZA, SUITE 800 Address:

City-St-Zip: CHICAGO, IL 60606

Title: VΡ

Name: FIELD, NORM

TWO NORTH RIVERSIDE PLAZA, SUITE 800 Address:

City-St-Zip: CHICAGO, IL 60606

Title:

LINDERS, MARTINA Name:

Address: TWO NORTH RIVERSIDE PLAZA, SUITE 800

CHICAGO, IL 60606 City-St-Zip:

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 Statues.

SIGNATURE: KENNETH KROOT 04/29/2012

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