



File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

<b>LIMITED LIABILITY COMPANY</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> <b>02 APR 19 PM 5:00</b> <b>SECRETARY OF STATE</b>	
<b>FILING FEE</b> Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75		<b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company <b>TRIBROOK/AM&amp;G L.L.C.</b> <b>999 OAKMONT PLAZA DR, SUITE 600</b> <b>WESTMONT IL 60559-5504</b>		<b>DOCUMENT # M96000000057</b>		1a. Principal Place of Business Address <b>999 OAKMONT PLAZA DR, SUITE</b> <b>WESTMONT IL 60559</b>	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified <b>02/26/1996</b> 3. State of Formation <b>IL</b> 4. FEI Number <b>36-4065725</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report <b>03/02/1998</b> 6. Certificate of Status Desired <input type="checkbox"/>	
7. Name and Address of Current Registered Agent <b>CORPORATION SERVICE , COMPANY</b> <b>1201 HAYS STREET</b> <b>TALLAHASSEE FL 32301</b>		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City <b>FL</b> 9000002848469-0 -04/23/99--01004--004 ****188 75 ****188 75 Zip Code			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____		DATE _____			
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	SILVER, ROBERT S	1232 WILLIAMSBURG DR		NORTHBROOK IL	
MGR	RICH, DOUGLAS R	842 W. WOLFRAM STREET		CHICAGO IL	
MGR	STONE, HOWARD L	950 N. MICHIGAN AVE., APT.		CHICAGO IL	
MGR	CARROLL, MICHAEL C	2388 FLINT LOCK DRIVE		CLEARWATR FL	
MGR	DAVIS, DONALD M	<del>31 OXFORD AVE.</del> 308 RESERVE CIRCLE		CLARENDON HILLS IL	
MGR	GAFFEN, HARVEY	3049 MAPLE LEAF DRIVE		GLENVIEW IL	
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (f), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: 		DOUGLAS R. RICH		3-17-99 (630) 990-8070	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date		Daytime Phone #	