

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 19, 2005 8:00 am
Secretary of State

05-19-2005 90208 001 ****50.00

DOCUMENT # M96000000475

1. Entity Name
ENCORE COMMUNITIES, L.L.C.



Principal Place of Business
**6991 E. CAMELBACK #B-360
SCOTTSDALE, AZ 85251**

Mailing Address
**6991 E. CAMELBACK #B-360
SCOTTSDALE, AZ 85251**

14017879



2. Principal Place of Business
Two N. Riverside Plaza

3. Mailing Address
Two N. Riverside Plaza

Suite, Apt. #, etc.
Suite 800

Suite, Apt. #, etc.
Suite 800

City & State
Chicago, Illinois

City & State
Chicago, Illinois

Zip
60606

Country
USA

Zip
60606

Country
USA

04072005 Chg-LLC CR2E083 (10/03)

4. FEI Number
86-0842593

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
LEMB-GP, L.P.
6991 E. CAMELBACK #B-360
SCOTTSDALE, AZ 85251** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MHC-LEMB GP, L.L.C.
Two N. Riverside Plaza, #800
Chicago, Illinois 60606** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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.

MHC-LEMB GP, L.L.C.

05/05/05

SIGNATURE: By: *David W. Fell*

David W. Fell, VP 312/279-1400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #