


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2004 08:00 AM
Secretary of State

DOCUMENT # M97000000312 1. Entity Name PACE MANAGEMENT COMPANY OF ILLINOIS, L.L.C.	
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Principal Place of Business LAKEVIEW AT CALLUSA TRACE APARTMENTS 18101 CALUSA TRACE BLVD. LUTZ, FL 33549	Mailing Address LAKEVIEW AT CALLUSA TRACE APARTMENTS 155 N PFINGSTEN DEERFIELD, IL 60015
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01052004 No Chg -LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-4106213	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2004

U00000079002
03/08/04-80048-017 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOHL, ROBERT A 875 NORTH MICHIGAN AVENUE, SUITE 3245 CHICAGO, IL 60611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATTIS, HOWARD E 155 N PFINGSTEN # 360 DEERFIELD, IL 60015
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I 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 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.

SIGNATURE: Robert Kohl ROBERT KOHL 1/8/04 (312) 337-1177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #