2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 23, 2005 8:00 am Secretary of State

DOCUMENT # M9700000696 1. Entity Name HOMETOWN LAKE VILLAGE GP, L.L.C.							03-23-2005	90239 03	6 ****50	.00	
Principal Place of Business Mailing Address								• • • •			
150 N. WACKER DR., SUITE 800 CHICAGO, IL 60606		150 N. WACKER DR., SUITE 800 CHICAGO, IL 60606				20024065					
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc. Suite 2800		Suite, Apt. #, etc.				03102005	Chg-LLC	CR2E0	83 (10/03)		
City & State		Suite 2800 City & State				4. FEI Numbe	or		Ap	plied For	
7-		7:-		.	-	36-419	3688			t Applicable	
Zip	Country	Zip	Coun	ıry		5. Certificate	of Status Desired		\$5.00 Add Fee Require		
	6. Name and Address of Current	Registered Agent		Mana		7. Name and	Address of New I	Registered A	\gent		
CT CORPORATION SYSTEM				Name		·					
1200 SOU	TH PINE ISLAND ROAD ON, FL 33324		Street Address			(P.O. Box Number is Not Acceptable)					
				03.					1 = 0 ;		
	•			City				FL	Zip Cod		
	named entity submits this statement folions of registered agent.	r the purpose of changing it	ts registere	ed office or	register	ed agent, or bot	h, in the State of Fl	orida. I am f	amiliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registere	d Agent signati	ure required	when reinstating)		DATE			
Filing Fee is \$50.00 Due by May 1, 2005											
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9. TITLE	MANAGING MEMBE	☐ Delete	10.				Florid	a Departm		Addition	
9.	MANAGING MEMBE	☐ Delete JNITIES, INC.	10. TITLE				ADDITIONS	A Department / CHANGES	ent of State		
9. TITLE NAME	MANAGING MEMBE MGR HOMETWON AMERICA COMMI	☐ Delete JNITIES, INC.	10. TITLE NAM STRE	E			Florid	A Department / CHANGES	ent of State		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBE MGR HOMETWON AMERICA COMMI 150 N. WACKER DRIVE, SUITE	☐ Delete JNITIES, INC.	10. TITLE NAM STRE CITY	EET ADDRESS -ST-ZIP			ADDITIONS	A Department / CHANGES	ent of State		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGR HOMETWON AMERICA COMMI 150 N. WACKER DRIVE, SUITE	Delete JNITIES, INC. 800	10. TITLE NAM STRE CITY TITLE	EET ADDRESS -ST-ZIP			ADDITIONS	A Department / CHANGES	ent of State	☐ Addition	
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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)(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.

SIGNATURE: Eugene J.M. Leone, Author Signature and Trace or Printed Name of Staning Managing Member, Manager, or authorized representative

Eugene J.M. Leone, Authorized Person 3/21/05 312/915-3113

Date

Daytime Phone #