File or or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE SECRETARY OF STATE DIVISION OF CORPORATIONS FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY **Katherine Harris** 01 99 MAR 22 AH 10: 37 ANNUAL REPORT Secretary of State 1999 **DIVISION OF CORPORATIONS** FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT # M98000000357** 1a. Principal Place of Business Address ALLIANCE RESIDENTIAL MANAGEMENT, L.L.C. 2400 AUGUSTA DRIVE, SUITE 37 2400 AUGUSTA DRIVE, SUITE 374 HOUSTON TX 77057 HOUSTON TX 77057 au Pin 3. Date Organized or Qualified 2 Principal Place of Business 2a. Mailing Address 3a. State of Formation 04/16/1998 ΥT Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 76-0500967 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Žφ Zip Country \$8.75 Additional Fee Required 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Suite Apt. #. etc. Zip Code Fì 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 at registered agent, and accept the obligations DATE_ SIGNATURE (Registered Agent Accepting Appointment) (NOTE) Registered Agent signature required when remaining **Business Street Address** City, State and Zip Code 10. Title Managing Members/Managers CHICAGO IL AH INVESTMENT CORPOR, 221 NORTH LASALLE STREET, MGR 526 WOODLAND DRIVE GLENVIEW IL IVANKOVICH, ANTHONY D MGR 540002824085--**6** --03/30/99---01087---001 ****188.75 ****188.79 11. Ido 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 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

Digital Process

attachment with an address.

SIGNATURE:

Mury