
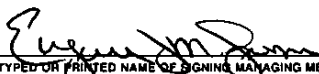


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

03-23-2005 90238 001 \*\*\*\*50.00

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| <b>DOCUMENT # M98000000563</b>  |  |   |  |  |  |
| 1. Entity Name<br>HOMETOWN WHISPERING PINES GP, L.L.C.  |  |   |  |   |  |
| Principal Place of Business<br>150 N. WACKER DRIVE, SUITE 800<br>CHICAGO, IL 60606  |  |   | Mailing Address<br>150 N. WACKER DRIVE, SUITE 800<br>CHICAGO, IL 60606 |   |  |
| 2. Principal Place of Business  |  | 3. Mailing Address  |  |   |  |
| Suite, Apt. #, etc.<br>Suite 2800   |  | Suite, Apt. #, etc.<br>Suite 2800                         |  |   |  |
| City & State  |  | City & State  |  |   |  |
| Zip   | Country  | Zip   | Country  | 4. FEI Number<br>36-4196688   | Applied For<br>Not Applicable  |
| 6. Name and Address of Current Registered Agent   |  |   | 7. Name and Address of New Registered Agent                            |   |  |
| C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION, FL 33324   |  |   | 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____   |  |   |  |   |  |
| <b>Filing Fee is \$50.00 Due by May 1, 2005</b>   |  | <b>Make check payable to Florida Department of State</b>  |  |   |  |
| 9. MANAGING MEMBERS/MANAGERS  |  |   | 10. ADDITIONS/CHANGES  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | MGR<br>HOMETOWN AMERICA COMMUNITIES, INC.<br>150 N. WACKER DRIVE, SUITE 800<br>CHICAGO, IL 60606 | <input type="checkbox"/> Delete                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                     | 150 N. Wacker Dr., Ste. 2800  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | <input type="checkbox"/> Delete                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                     |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | <input type="checkbox"/> Delete                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                     |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | <input type="checkbox"/> Delete                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                     |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | <input type="checkbox"/> Delete                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                     |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | <input type="checkbox"/> Delete                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                     |   | <input type="checkbox"/> Change <input type="checkbox"/> 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. |  |   |  |   |  |
| <b>SIGNATURE:</b>    |  | Eugene J.M. Leone, Authorized Person 3/21/05 312/915-3113 |  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |  | Date  |  | Daytime Phone #   |  |