

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000001568

FILED
Feb 06, 2009
Secretary of State

Entity Name: HOMETOWN CLOVERLEAF, L.L.C.

Current Principal Place of Business:

C/O HOMETOWN AMERICA 150 N. WACKER DRIVE
SUITE 2800
CHICAGO, IL 60606 US

New Principal Place of Business:

Current Mailing Address:

C/O HOMETOWN AMERICA 150 N. WACKER DRIVE
SUITE 2800
CHICAGO, IL 60606 US

New Mailing Address:

FEI Number: 36-4196688

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HOMETOWN AMERICA, L., L.C.
Address: 150 N WACKER DR, STE 2800
City-St-Zip: CHICAGO, IL 60606

Title: CEO () Delete
Name: CLINE, JR., RICHARD G
Address: 150 N. WACKER DRIVE, SUITE 2800
City-St-Zip: CHICAGO, IL 60606 US

Title: PRES () Delete
Name: O'BERRY, GREGORY A
Address: 150 N. WACKER DRIVE, SUITE 2800
City-St-Zip: CHICAGO, IL 60606 US

Title: CIO () Delete
Name: ZILIS, PATRICK C
Address: 150 N. WACKER DRIVE, SUITE 2800
City-St-Zip: CHICAGO, IL 60606 US

Title: SVP () Delete
Name: BRAUN, STEPHEN H
Address: 150 N. WACKER DRIVE, SUITE 2800
City-St-Zip: CHICAGO, IL 60606 US

Title: VP,T () Delete
Name: CURATOLO, THOMAS
Address: 150 N. WACKER DRIVE, SUITE 2800
City-St-Zip: CHICAGO, IL 60606 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JEREMY MITCHELL, AUTHORIZED AGENT

MGRM

02/06/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date