2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M99000000802

1. Entity Name

OSCÉOLA COUNTY APARTMENTS, L.L.C.



05-05-2004 90011 009 ****50.00

May 05, 2004 8:00 am Secretary of State

FILED

Principal Place of Business

Mailing Address

200 WEST MADISON STREET, SUITE 3700 CHICAGO, IL 60606

200 WEST MADISON STREET, SUITE 3700 CHICAGO, IL 60606



03042004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 36-4169538 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET (S) TALLAHASSEE, FL 32301-2525

The state of

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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_	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re	gistered Agent signature required when reinstating) DATE
Filing Fee is \$50.00 Due by May 1, 2004		
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PRITZKER RESIDENTIAL EQUITIES, L.P. 200 WEST MADISON STREET, SUITE 3700 CHICAGO, IL 60606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filling 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 under oath; that I am a managing member or manager of the By: Tritzker Resident and the sole member.

By: PRE GP, Inc., a Delaware corporation, the sole general partner

ohn Kevin Poorman, Vice President

SIGNATURE:

SIGNATURE

PED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

April 23, 2004

Date

Daytime Phone #