

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

APPROVED  
04-28-2006 90017 045 \*\*\*\*\*50:00  
FILED M199000000802

06 APR 28 PH 1:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

pg. 1 of 2

<b>DOCUMENT # M99000000802</b>	
1. Entity Name OSCEOLA COUNTY APARTMENTS, L.L.C.	



Principal Place of Business 200 WEST MADISON STREET, SUITE 3700 CHICAGO, IL 60606	Mailing Address 200 WEST MADISON STREET, SUITE 3700 CHICAGO, IL 60606
---	---

2. Principal Place of Business 71 South Wacker Drive Suite, Apt. #, etc. 47th Floor	3. Mailing Address 71 South Wacker Drive Suite, Apt. #, etc. 47th Floor
--	--

City & State Chicago, Illinois	City & State Chicago, Illinois
Zip 60606	Country USA



04132006 Chg-LLC CR2E083 (11/05)

4. FEI Number 36-4169538	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relinquishing) DATE \_\_\_\_\_

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PRITZKER RESIDENTIAL EQUITIES, L.P. 200 WEST MADISON STREET / SUITE 3700 CHICAGO, IL 60606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	71 South Wacker Drive, 47th Floor Chicago, Illinois 60606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 exemptions contained in Chapter 119, 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:** See Annex A attached hereto and made a part hereof.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT

Annex A

For

Osceola County Apartments, L.L.C.

20038156  
#M9900000862 09-20-02

OSCEOLA COUNTY APARTMENTS, L.L.C., a Delaware  
limited liability company

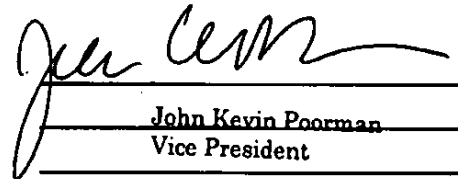
By: Pritzker Residential Equities, L.P., a Delaware  
limited partnership, the sole member

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

By:

Name:

Title:

  
\_\_\_\_\_  
John Kevin Poorman  
\_\_\_\_\_  
Vice President  
\_\_\_\_\_

APPROVED  
AND  
FILED

06 APR 28 PM 1:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA