
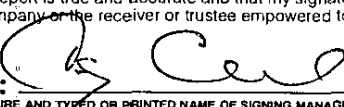


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 09, 2004 8:00 am
Secretary of State

06-09-2004 90222 011 ****50.00

DOCUMENT # M99000000862 1. Entity Name UNIVERSITY TOWERS APARTMENTS, L.L.C.						
Principal Place of Business 16835 KERCHEVAL GROSSE POINTE, MI 48230			Mailing Address 16835 KERCHEVAL GROSSE POINTE, MI 48230			
2. Principal Place of Business 900 N. Michigan Avenue Suite, Apt. #, etc. 1450 City & State Chicago, Illinois Zip 60611		3. Mailing Address 900 N. Michigan Avenue Suite, Apt. #, etc. 1450 City & State Chicago, Illinois Zip 60611				
Country USA		Country USA		4. FEI Number 38-3472577		
Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State				
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CRAWFORD REALTY GROUP, L.L.C. 16835 KERCHEVAL GROSSE POINTE, MI 48230		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member University Towers Apartments, L.L.C. 900 N. Michigan Avenue Chicago, Illinois 60611	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<input type="checkbox"/> Delete		<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.						
SIGNATURE: 			Authorized Representative 4/30/04 (312) 915-1969			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>			



04282004 Chg-LLC CR2E083 (10/03)