2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT # M99000001616 02-17-2004 90194 042 ****50.00 1. Entity Name WEST POINTE LAND, L.L.C. Principal Place of Business Mailing Address 34001096 200 WEST MADISON STREET, 37TH FLOOR 200 WEST MADISON STREET, 37TH FLOOR CHICAGO, IL 60606 CHICAGO, IL 60606 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01232004 CR2E083 (10/03) 4. FEI Number Applied For City & State City & State 36-4322149 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6., Name and Address of Current Registered Agent 7. Name and Address of New Rogistered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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. Make check payable to Filing Fee is \$50.00 Due by May 1, 2004 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. MGR TITLE MBR Change ■ Addition IIILE ☐ Delate TAMARAC VENTURE, L.L.C. 200 WEST MADISON STREET, 37TH FLOOR CHICAGO, IL 60606 NAME TAMARAC VENTURE, L.L.C. NAME STREET ADDRESS 200 WEST MADISON STREET, 37TH FLOOR STREET ADDRESS CITY-ST-ZIP CHICAGO, IL 60606 CITY+ST-ZIP TITLE TITLE ☐ Change Addition ☐ Deleta NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP TITLE Delete_ TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete 💆 TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZF ☐ Addition TITLE ☐ Delete TITLE NAME MAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE TITLE Change Deleta NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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: February 2, 2004

O MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

John Kevin Poorman, President

FILED

Mar 05, 2004 8:00 am

Daytime Phone #

Date

2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

Hoclement DOCUMENT # M99000001616 WEST POINTE LAND, L.L.C. Principal Place of Business Mailing Address 200 WEST MADISON STREET, 37TH FLOOR 200 WEST MADISON STREET, 37TH FLOOR CHICAGO, IL 60606 CHICAGO, IL 60606 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02242004 Chg-LLC CR2E083 (10/03) City & State 4. FEI Number Applied For City & State 36-4322149 Not Applicable Country Zip Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent and the second contract to the CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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. . DATE . (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2004 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. MANAGING MBR MGR TITLE X Change ☐ Addition TITLE Delete TAMARAC VENTURE, L.L.C. 200 WEST MADISON STREET, 37TH FLOOR TAMARAC VENTURE, L.L.C. NAME NAME 200 WEST MADISON STREET, 37TH FLOOR STREET ADDRESS STREET ADDRESS CHICAGO, IL 60606 CHICAGO, IL 60606 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP -CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Taddition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

ED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

John Kevin Poorman, President

February 26, 2004

Davtime Phone #