


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90017 036 ****50.00

| | | | |
|---|----------------|---|----------------|
| DOCUMENT # M99000001665 | |  | |
| 1. Entity Name TRIZECHAHN ESPERANTE LLC | | | |
| Principal Place of Business 233 S WACKER DR #1800 C/O TAX DEPT CHICAGO, IL 60606 | | Mailing Address 233 S WACKER DR #1800 C/O TAX DEPT CHICAGO, IL 60606 | |
| 2. Principal Place of Business c/o Tax Dept.; 10 S. Riverside Plaza | | 3. Mailing Address c/o Tax Dept.; 10 S. Riverside Plaza | |
| Suite, Apt. #, etc. Suite 1100 | | Suite, Apt. #, etc. Suite 1100 | |
| City & State Chicago, IL | | City & State Chicago, IL | |
| Zip 60606 | Country USA | Zip 60606 | Country USA |



04252005 Chg-LLC CR2E083 (10/03)

4. FEI Number
36-4483681

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

| | | | |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE, FL 32301 | | 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.

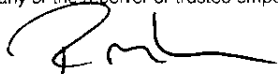
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | | | 10. ADDITIONS/CHANGES | | | |
|------------------------------|---------------------------|--|--|-----------------------|------------------------------|--|--|
| TITLE | MGR | <input checked="" type="checkbox"/> Delete | | TITLE | MGR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | ECHE, JEFFREY D | | | NAME | William R.C. Tresham | | |
| STREET ADDRESS | 233 S WACKER DR #1800 | | | STREET ADDRESS | 10 S. Riverside Plaza, #1100 | | |
| CITY-ST-ZIP | CHICAGO, IL 60606 | | | CITY-ST-ZIP | Chicago, IL 60606 | | |
| TITLE | MGR | <input checked="" type="checkbox"/> Delete | | TITLE | MGR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | WOLD, CASEY R | | | NAME | Michael C. Collieran | | |
| STREET ADDRESS | 233 S WACKER DR #1800 | | | STREET ADDRESS | 10 S. Riverside Plaza, #1100 | | |
| CITY-ST-ZIP | CHICAGO, IL 60606 | | | CITY-ST-ZIP | Chicago, IL 60606 | | |
| TITLE | MGRM | <input checked="" type="checkbox"/> Delete | | TITLE | MGRM | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | TRIZEC HOLDINGS INC | | | NAME | Trizec Holdings, LLC | | |
| STREET ADDRESS | 233 S WACKER DR #1800 | | | STREET ADDRESS | 10 S. Riverside Plaza, #1100 | | |
| CITY-ST-ZIP | CHICAGO, IL 60606 | | | CITY-ST-ZIP | Chicago, IL 60606 | | |
| TITLE | MGR | <input type="checkbox"/> Delete | | TITLE | MGR | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | JADWIN, TED R | | | NAME | Ted R. Jadwin | | |
| STREET ADDRESS | 233 S. WACKER DR, #1800 | | | STREET ADDRESS | 10 S. Riverside Plaza, #1100 | | |
| CITY-ST-ZIP | CHICAGO, IL 60606 | | | CITY-ST-ZIP | Chicago, IL 60606 | | |
| TITLE | VP | <input type="checkbox"/> Delete | | TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | JAMBOIS, ROBERT M | | | NAME | Robert M. Jambois | | |
| STREET ADDRESS | 233 S WACKER DR #1800 | | | STREET ADDRESS | 10 S. Riverside Plaza, #1100 | | |
| CITY-ST-ZIP | CHICAGO, IL 60606 | | | CITY-ST-ZIP | Chicago, IL 60606 | | |
| TITLE | AS | <input checked="" type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | FRIEDMAN, HAL MARC | | | NAME | | | |
| STREET ADDRESS | 222 LAKEVIEW AVENUE, #560 | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33401 | | | 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:  **Robert M. Jambois, Vice President** 4/26/05 (312) 798-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #