
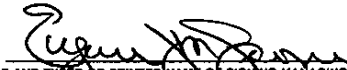


**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

20024066

<b>DOCUMENT # M99000001727</b>				03-23-2005 90239 035 *****50.00	
1. Entity Name HOMETOWN CHERON, L.L.C.					
Principal Place of Business HOMETOWN AMERICA COMMUNITIES, INC. 150 N. WACKER DRIVE SUITE 800 CHICAGO, IL 60606		Mailing Address HOMETOWN AMERICA COMMUNITIES, INC. 150 N. WACKER DRIVE SUITE 800 CHICAGO, IL 60606			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc. Suite 2800		Suite, Apt. #, etc. Suite 2800			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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 NAME STREET ADDRESS CITY - ST - ZIP	MGR HOMETOWN AMERICA COMMUNITIES, INC. 150 N. WACKER DRIVE, SUITE 800 CHICAGO, IL 60606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	150 N. Wacker Dr., Ste. 2800	<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
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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 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: 		Eugene L.M. Leone, Authorized Person 3/21/05 312/915-3113			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #			