Annoole reference in the second of the	2006 LIMITED LIABILITY COMPANY ANNUAL,REPORT		FILED Feb 28, 2006 08:00 AM
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DO NOT WRITE IN THIS SPACE 13 2008 NO Chg-LLC CR2E083 (11/03) 4. Applied for 36-4322703 4. Some and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2625 DO NOT WRITE IN THIS SPACE TALLAHASSEE, FL 32301-2625 DO NOT WRITE IN THIS SPACE The degistered agent OrdE may be applied with the statument for the purpose of charging the registered office of registered agent, of both, in the Statu of Haida. I and the statument U000001451657 Statu Agents	110 NORTH WACKER DRIVE 110 NORTH WACKER D	RIVE	T SAMINARSI INA SENIN ANNI ARASI
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 DO NOT WRITE IN THIS SPACE a. The above named entity submits the statument for the purpose of chenging its registered office or registered agent, or both, in the State of Floids. Len familier with, and eccept the obligations of registered agent. SIGMATURE Teaching fees is \$50.00 Bure by May 1, 2008 Ottl Registered office or registered agent, or both, in the State of Floids. Len familier with, and eccept the obligations of registered agent. SIGMATURE Teaching fees is \$50.00 Bure by May 1, 2008 Ottl Registered office or registered agent. Ottl U00000451657 file/06-80062-009 50.00 8. MANAGING MEMBERS/MANAGERS INF. Mores Signature registered agent a	DO NOT WRITE IN THIS S	PACE	01312006 No Chg-LLC CR2E083 (11/05) 4. FEI Number Applied For 36-4326708 Not Applicable 5. Certificate of Status Desired S5.00 Additional
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Inte NAME STREET ADDRESS CITY-ST-ZD* 11. I hereby cartily that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further cartify 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 accelver or trustee empowered to execute this report as required by Chapter 509, Florida Statutes.	ITTLE MGRM NAME GGP/HOMART TI L.L.C. STREET ADDRESS 110 N. WACKER CHY-ST-ZP CHICAGO, IL 60606 DITE NAME STREET ADDRESS CHICAGO, IL 60606 DITE NAME STREET ADDRESS CHICAGO, IL 60606 DITE NAME STREET ADDRESS CHICAGO, IL 60606 TITLE NAME STREET ADDRESS CHICAGO, IL 60606		
	TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STRY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for indicated on this report is true and accurate and that my signature shall have limited liability company or the accelver of trustee empowered to execute this	the same legal effect as i report as required by Cha	f made under oath; that i am a managing member or manager of the pter 603, Florida Statutes.

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