

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25,00.

(A.F.O.L. 7-10-00 (B8			*		<b>4.</b>	
1. ID No. 1 <b>561</b> 50			ited liability company			
		incoln Mall, L				
3. State of Formation		4. Brief descript	tion of the character of the b	ousiness which is actually conducted in R	lbode Island	
Delaware		Real estate	activities.			
5. Principal office ad		<u></u>		City	State	Zip
2901 Butterfield Road				Oak Brook	Illinois	60523
Contact Name		IMITED LIAB	ILITY COMPANY ANI	D NAME OR TITLE OF CONTAC	CT PERSON:	<b>建</b> 等的整理。1985年,1985年,1985年
Scott W. Wilton	ı, Esq.					
Street Address				City	State	Zip
2901 Butterfiel				Oak Brook	Illinois	60523
7. NAME AND A	DDRESS OF	EACH MANA	AGER OF THE LIMITE	ED LIABILITY COMPANY, IF AP	PPLICABLE - DO N	OTTICT MEMBERS
		FIIL IN	SPACES BEFORE USI	NG ATTACHMENTS ("X" BOX	FOR ATTACHMENT)	
Manager Name	•	Mark Control		Manager Name	TO DESCRIPTION OF THE CHARMAN	OTTurber with the second of t
Street Address				Street Address		
City		State	Zφ	City	State	Zip
		<b></b>		**************************************		
Manager Name				Manager Name	***************************************	.444,000,000,000,000,000,000,000,000,000
Street Address						
041004 210004 000				Street Address		
City		State	Zip	City	State	Zip
-	1	1		<i>2.1.</i> 5	CHALC	Z.W
8. RESIDENT AGI	ENT IN RH	ODE ISLAND	DO NOT ALTER - C	hanges require filing of Form	n 642 - R.I.G.L. 7-16	5-11 <u></u>
CT Corporation	- Cuetom			Adutess		
	System					
Address	-· .			City	Zip	
10 Weybosset	Street			Providence	02903	

This report must be executed by an authorized person pursuant to R.I.G.L., 7-16-66 (b).

File Date SEP 19 Check No.	<b>10.00</b>
Check No.	
E - 016	/
FOR SECRETARY OF	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

Signature of Authorized Person

Date

By: Mary J. Pechous, Assistant Secretary of Minto Builders (Florida), Inc., a Florida corporation, its sole member