



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 138376		2. Exact name of the limited liability company Rouse Providence LLC	
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate Management	
5. Principal office address 110 North Wacker Drive		City Chicago	State IL
		Zip 60606	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Cathy Hackett		Contact Title Tax Accountant	
Street Address 10275 Little Patuxent Pkwy		City Columbia	State MD
		Zip 21044	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name Bernard Freibaum		Manager Name John Bucksbaum	
Street Address 110 North Wacker Dr.		Street Address 110 North Wacker Dr.	
City Chicago	State IL	Zip 60606	City Chicago
			State IL
			Zip 60606
Manager Name Ronald Gern		Manager Name Robert Michaels	
Street Address 110 North Wacker Dr		Street Address 110 North Wacker Dr	
City Chicago	State IL	Zip 60606	City Chicago
			State IL
			Zip 60606
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name CORPORATION SERVICE COMPANY		Address	
Address 222 JEFFERSON BOULEVARD, SUITE 200		City WARWICK	Zip 02888

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



138376

File Date	10/13/05
Check No.	000604501
By:	CXC
FOR SECRETARY OF STATE USE ONLY	

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 10/10/05
BERNARD FREIBAUM
Print or Type Name of Authorized Person