

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Aug 17, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000007555**  
 1. Entity Name  
 9195 SURFSIDE, LLC



Principal Place of Business      Mailing Address  
 1212 N LASALLE, SUITE 110      1212 N LASALLE, SUITE 110  
 CHICAGO, IL 60610                  CHICAGO, IL 60610

**DO NOT WRITE IN THIS SPACE**



07072005 No Chg-LLC      CR2E083 (10/03)

4. FEI Number 36-4443463	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00 Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM 9195 SURFSIDE MEMBERS, LLC 1212 N LASALLE, SUITE 110 CHICAGO, IL 60610
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM 9195 SURFSIDE CONSULTANTS, INC. 1212 N LASALLE, SUITE 110 CHICAGO, IL 60610
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 08/17/05-80004-003 55.00

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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.

**Steven E. Gouletas**  
**SIGNATURE:** **MANAGING MEMBER 7-13-05 312/595-4718**

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