



2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Mar 02, 2007 08:00 A
Secretary of State

| | |
|--------------------------------------|---|
| DOCUMENT # L01000007555 |  |
| 1. Entity Name 9195 SURFSIDE, LLC | |

| | |
|--|--|
| Principal Place of Business 1030 NORTH CLARK STREET SUITE 300 CHICAGO, IL 60610 | Mailing Address 1030 NORTH CLARK STREET SUITE 300 CHICAGO, IL 60610 |
|--|--|

DO NOT WRITE IN THIS SPACE



02092007 No Chg-LLC CR2E083 (11/05)

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

Filing Fee is \$50.00
Due by May 1, 2007

000000655157
03/13/07-80095-006 55.00

9. MANAGING MEMBERS/MANAGERS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM 9195 SURFSIDE MEMBERS, LLC 1030 NORTH CLARK STREET, SUITE 300 CHICAGO, IL 60610 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM 9195 SURFSIDE CONSULTANTS, INC. 1030 NORTH CLARK STREET, SUITE 300 CHICAGO, IL 60610 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  Secretary to Managing Member
Anthony B. DiBenedetto 2-18-07 312-595-4714

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