


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 19, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000007556
 1. Entity Name
 9195 SURFSIDE MEMBERS, LLC



Principal Place of Business: 1212 N. LASALLE, STE. 110 CHICAGO, IL 60610
 Mailing Address: 1212 N. LASALLE, STE. 110 CHICAGO, IL 60610

DO NOT WRITE IN THIS SPACE



07072005No Chg-LLC CR2E083 (10/03)

4. FEI Number 36-4443459	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired \$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 _____ (NOTE: Registered Agent; signature required when restating) DATE _____

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOME BY INVSCO, INC. 1212 N. LASALLE, STE. 110 CHICAGO, IL 60610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M 9195 SURFSIDE CONSULTING, INC. 1212 N. LASALLE, STE. 110 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	

U00000373611
 07/19/05-80006-003 55.00

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Anthony R. Di Benedetto
 SIGNATURE: *Anthony R. Di Benedetto* Secretary of Manager 7-11-05 (314) 585-4714
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #