

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90345 041 ****55.00

DOCUMENT # L02000020718

1. Entity Name
 WOODLAND TOWERS REAL ESTATE LLC



Principal Place of Business C/O MORRIS ESFORMES 3737 W. ARTHUR LINCOLNWOOD, IL 60712 US	Mailing Address 1500 SKOKIE BLVD SUITE 430 NORTHBROOK, IL 60062 US
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DO NOT WRITE IN THIS SPACE



01192004No Chg-LLC CR2E083 (10/03)

4. FEI Number 27-0025436	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GINSPARG, NORMAN J
 11190 BISCAYNE BLVD
 NORTH TOWER
 NORTH MIAMI, FL 33181

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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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ESFORMES, MORRIS ESFORMES, MORRIS 6865 N. LINCOLN AVE LINCOLNWOOD, IL 60712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____