


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000023696 1. Entity Name 1305 FLORIDA, LLC	
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 MAY -1 AM 9:46

Principal Place of Business 2837 SHERIDAN PLACE EVANSTON, IL 60201	Mailing Address 2837 SHERIDAN PLACE EVANSTON, IL 60201
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DO NOT WRITE IN THIS SPACE



04242006No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2170104	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 DAYAN, SALOMON J 980 S. OCEAN BLVD. PALM BEACH, FL 33480
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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)

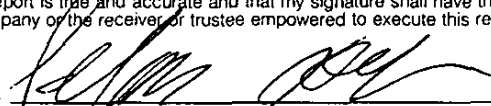
**Filing Fee is \$50.00
 Due by May 1, 2006**

700075288327
 05/25/06--01024--026 **450.00

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR
NAME	DAYAN, SALOMON J
STREET ADDRESS	2837 SHERIDAN PLACE
CITY-ST-ZIP	EVANSTON, IL 60201
TITLE	MGR
NAME	DAYAN, ADAM
STREET ADDRESS	2837 SHERIDAN PLACE
CITY-ST-ZIP	EVANSTON, IL 60201
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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:  _____

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

Date _____ Daytime Phone # _____