
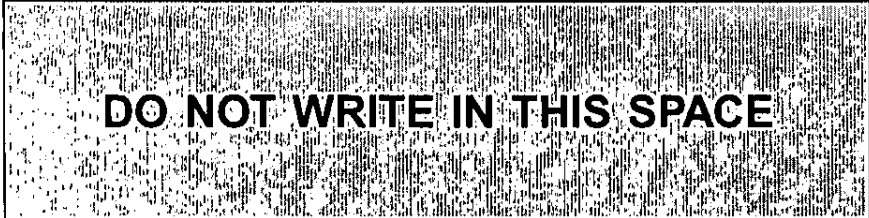


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

|                                     |   |
|-------------------------------------|---|
| DOCUMENT # L04000023696             |  |
| 1. Entity Name<br>1305 FLORIDA, LLC |   |

|  |  |
|--|--|
| Principal Place of Business<br>2837 SHERIDAN PLACE<br>EVANSTON, IL 60201 | Mailing Address<br>2837 SHERIDAN PLACE<br>EVANSTON, IL 60201 |
|--|--|

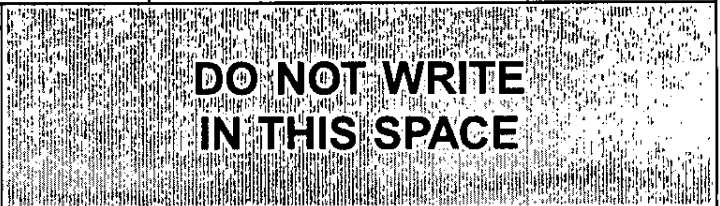


02062008 No Chg-LLC      CR2E083 (12/07)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br>20-2170104                               | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |

**6. Name and Address of Current Registered Agent**

DAYAN, SALOMON J  
 980 S. OCEAN BLVD.  
 PALM BEACH, FL 33480



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 reinstating)

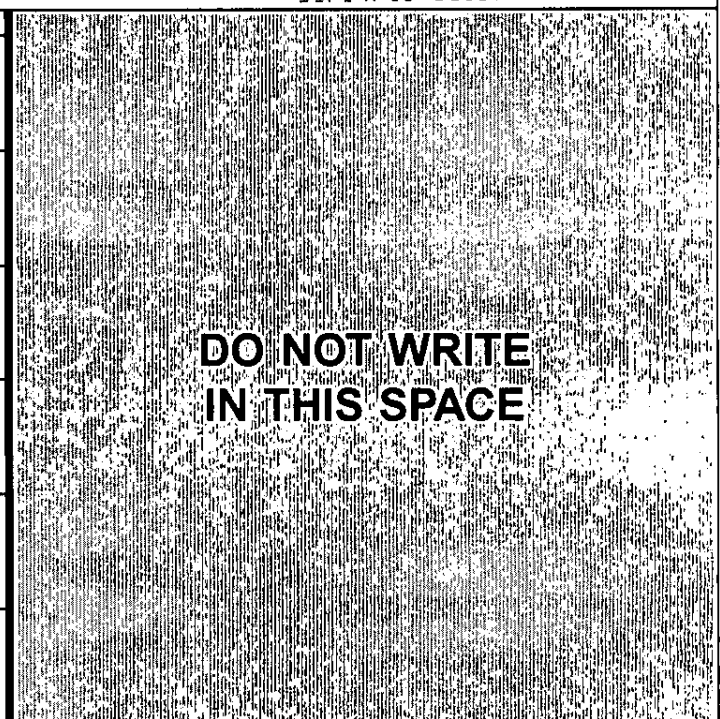
DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

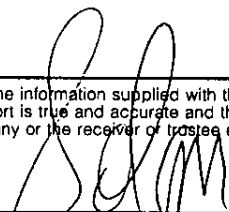
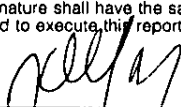
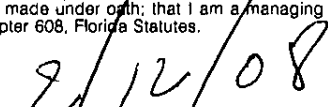
U00000837382  
 03/04/08-80055-006 138.75

**9. MANAGING MEMBERS/MANAGERS**

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>DAYAN, SALOMON J<br>2837 SHERIDAN PLACE<br>EVANSTON, IL 60201 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>DAYAN, ADAM<br>2837 SHERIDAN PLACE<br>EVANSTON, IL 60201      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |



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 #