

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90464 014 *****50.00

DOCUMENT # L05000049880					
1. Entity Name A & M PROPERTIES, LLC					
Principal Place of Business 1440 N. DAYTON, #104 CHICAGO, IL 60622			Mailing Address 1440 N. DAYTON, #104 CHICAGO, IL 60622		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-2718622	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 re-registering) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR AUERBACH, JEFFREY 2602 WEST BLOOMINGDALE AVE. CHICAGO, IL 60647	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR Auerbach, Jefferey 1045 Greenwood Ave. Deerfield, IL 60015	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR MAYSTER, TODD 1101 NORTH WOLCOTT AVE. CHICAGO, IL 60622	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition			
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition			
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: _____ 3-13-07					
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					