

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000083780

FILED  
Jan 22, 2007  
Secretary of State

Entity Name: GILAMY, LLC

**Current Principal Place of Business:**

16842 ROSE APPLE DRIVE  
DEL RAY BEACH, FL 33445

**New Principal Place of Business:**

**Current Mailing Address:**

C/O DOLGIN & FISCHER, LLC  
30 N. LASALLE ST., SUITE 4300  
CHICAGO, IL 60602

**New Mailing Address:**

C/O DOLGIN & FISCHER, LLC  
30 N. LASALLE ST., SUITE 2610  
CHICAGO, IL 60602

FEI Number: 20-3387915

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE, SUITE 4  
WESTON, FL 33331 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MAZZOLIN, AMALIA  
Address: 16842 ROSE APPLE DRIVE  
City-St-Zip: DEL RAY BEACH, FL 33445

Title: MGR ( ) Delete  
Name: LEMAR, GIL  
Address: 1301 PARK AVENUE  
City-St-Zip: RIVER FOREST, IL 60305

Title: MGR ( ) Delete  
Name: LEMAR, RONALD  
Address: 1407 FOREST  
City-St-Zip: RIVER FOREST, IL 60305

Title: MGR ( ) Delete  
Name: LEMAR, AMALIA T  
Address: 400 E. OHIO STREET  
City-St-Zip: CHICAGO, IL 60611

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: AMALIA T. LEMAR

MGR

01/22/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date