

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000091831

FILED
Mar 28, 2008
Secretary of State

Entity Name: 1607 SE 1ST STREET LLC

Current Principal Place of Business:

1514 POPLAR CREEK DRIVE
HOFFMAN ESTATES, IL 60169

New Principal Place of Business:

212 RUTTER ROAD
HALIFAX, PA 17032 US

Current Mailing Address:

55 WEST MONROE STREET
SUITE 1100
CHICAGO, IL 60603

New Mailing Address:

55 WEST MONROE STREET
SUITE 1100
CHICAGO, IL 60603 US

FEI Number: 20-3525803

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEIF, DAVID
915 MIDDLE RIVER DRIVE, SUITE 205
FORT LAUDERDALE, FL 33304 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: GRUVER, JACOB
Address: 1514 POPLAR CREEK DRIVE
City-St-Zip: HOFFMAN ESTATES, IL 60169

Title: MGR () Delete
Name: MILLER, DEAN
Address: 1514 POPLAR CREEK DRIVE
City-St-Zip: HOFFMAN ESTATES, IL 60169

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GRUVER, JACOB
Address: 212 RUTTER ROAD
City-St-Zip: HALIFAX, PA 17032

Title: MGR (X) Change () Addition
Name: MILLER, DEAN
Address: 212 RUTTER ROAD
City-St-Zip: HALIFAX, PA 17032

I hereby certify that the information supplied with this filing does not qualify 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: JACOB GRUVER

MGR

03/28/2008

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