


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 07, 2006 08:00 AM
Secretary of State

DOCUMENT # M05000006478	
1. Entity Name INLAND AMERICAN RETAIL MANAGEMENT LLC	

Principal Place of Business 2901 BUTTERFIELD ROAD OAK BROOK, IL 60523	Mailing Address 2901 BUTTERFIELD ROAD OAK BROOK, IL 60523
---	---

DO NOT WRITE IN THIS SPACE



07182006No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3360711	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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARG, ROBERT M 2901 BUTTERFIELD ROAD OAK BROOK, IL 60523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HORALEWSKYJ, ULANA B 2901 BUTTERFIELD ROAD OAK BROOK, IL 60523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KREMIN, ALAN F 2901 BUTTERFIELD ROAD OAK BROOK, IL 60523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCGUINNESS, THOMAS P 2901 BUTTERFIELD ROAD OAK BROOK, IL 60523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCNEELEY, ELIZABETH 2901 BUTTERFIELD ROAD OAK BROOK, IL 60523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000573564
08/07/06-80002-017 50.00

**DO NOT WRITE
IN THIS SPACE**

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.

Robert M. Barg, Manager

SIGNATURE: *Robert M. Barg* 8/2/06 (630) 218-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #