

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000004364

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Entity Name:** BAYSIDE MARKETPLACE, LLC

**Current Principal Place of Business:**

110 NORTH WACKER DRIVE  
CHICAGO, IL 60606

**New Principal Place of Business:**

**Current Mailing Address:**

110 NORTH WACKER DRIVE  
CHICAGO, IL 60606

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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  
Name: HOYT, EDMUND J  
Address: 110 NORTH WACKER DRIVE  
City-St-Zip: CHICAGO, IL 60606

Title: MGR  
Name: PANACCIONE, ANDREW T  
Address: 110 NORTH WACKER DRIVE  
City-St-Zip: CHICAGO, IL 60606

Title: MGR  
Name: BAROCAS, ALAN J  
Address: 110 NORTH WACKER DRIVE  
City-St-Zip: CHICAGO, IL 60606

Title: MGR  
Name: DREYER, MICHELLE A  
Address: 110 N. WACKER DRIVE  
City-St-Zip: CHICAGO, IL 60606

Title: MGR  
Name: DOUGLAS, STEVEN J  
Address: 110 N. WACKER DRIVE  
City-St-Zip: CHICAGO, IL 60606

I hereby 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: STEVEN J. DOUGLAS                      MGR                      04/21/2011

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